## AGREEMENT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND THE COUNTY OF SOLANO FOR THE DISTRIBUTION OF FY 2018 UASI GRANT FUNDS

## FIRST AMENDMENT

THIS AMENDMENT (this "Amendment") is made as of **APRIL 1, 2019**, in San Francisco, California, by and between the **COUNTY OF SOLANO** ("SOLANO") and the City and County of San Francisco, a municipal corporation ("City"), in its capacity as fiscal agent for the UASI Approval Authority, acting by and through the San Francisco Department of Emergency Management.

### RECITALS

WHEREAS, City and SOLANO have entered into the Agreement (as defined below); and

WHEREAS, City and SOLANO desire to modify the Agreement on the terms and conditions set forth herein;

NOW, THEREFORE, SOLANO and the City agree as follows:

- 1. **Definitions.** The following definitions shall apply to this Amendment:
- **a.** Agreement. The term "Agreement" shall mean the "Agreement between the City and County of San Francisco and the County of SOLANO for the Distribution of FY 2018 UASI Grant Funds" dated **November 1, 2018**, between SOLANO and City.
- **b.** Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
- a. Section 3.2, Maximum Amount of Funds. Section 3.2 of the Agreement currently reads as follows:

In no event shall the amount of Grant Funds disbursed hereunder exceed **FIFTY-FIVE THOUSAND**, **FOUR HUNDRED NINETY-ONE DOLLARS (\$55,491).** The City will not automatically transfer Grant Funds to SOLANO upon execution of this Agreement. SOLANO must submit a Reimbursement Request under Section 3.10 of this Agreement, approved by the UASI Management Team and City, before the City will disburse Grant Funds to SOLANO.

Such section is hereby amended in its entirety to read as follows:

In no event shall the amount of Grant Funds disbursed hereunder exceed **FOUR HUNDRED TWENTY-THREE THOUSAND**, **SEVEN HUNDRED DOLLARS** (\$423,700). The City will not automatically transfer Grant Funds to SOLANO upon execution of this Agreement. SOLANO must submit a

Reimbursement Request under Section 3.10 of this Agreement, approved by the UASI Management Team and City, before the City will disburse Grant Funds to SOLANO.

b. Appendix A, Authorized Expenditures and Timelines. Appendix A includes project descriptions, deliverables, not to exceed ("NTE") amounts, and deadlines for deliverables.

## Such Appendix is hereby amended to reflect the following:

- i) Add the equipment funds, in the amount of \$165,000 for P25 Trunked Radio System/Regional Microwave Link Project for Project 4; and,
- ii) Add the training funds, in the amount of \$203,209 for Training Program for Project 10.

A revised Appendix A is attached to this Amendment and incorporated by reference as though fully set forth herein. The attached Appendix A supersedes all prior versions of Appendix A.

- c. Appendix C, Form of Reimbursement Request dated April 1, 2019. A revised Appendix C is attached to this Amendment and incorporated by reference as though fully set forth herein. The attached Appendix C supersedes all prior versions of Appendix C.
- 3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.
- 4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the date first specified herein.

CITY AND COUNTY OF SAN FRANCISCO:

COUNTY OF SOLANO:

SAN FRANCISCO DEPARTMENT OF EMERGENCY MANAGEMENT

By:

MARY ELLEN CARROLL EXECUTIVE DIRECTOR

By:

BIRGUTA E. CORSELLO COUNTY ADMINISTRATOR

Federal Tax ID #: 94-6000538

Approved as to Form:

Dennis J. Herrera City Attorney

By:

Jana Clark

Deputy City Attorney

Dennis Bunting

Approved as to Form:

Solano County Counsel

Appendices:

Amended Appendix A, Authorized Expenditures and Timelines, dated April 1, 2019 Amended Appendix C, Form of Reimbursement Request, dated April 1, 2019

## ENTITY: SOLANO

Total allocation to be spent on the following solution areas:

U Number and Title	Program Description	Due Dates	Solution Areas	Amount
Project Title: M-90 Forward Looking	orward Looking Infrared (FLIR)			
IJ-2: Protect Critical Infrastructure and Key Resources	Funds to purchase an M-90 Forward Looking Infrared (FLIR).	Project Completion date: 12/31/2019 Final deadline for Claim Submittal: 1/31/2020	Equipment: AEL# 03OE-02-TILA	PROJECT NOT TO EXCEED \$38,531
Project Title: Centrifuge	nge			
IJ-5: Enhance Medical and Public Health Preparedness	Funds to purchase a Centrifuge.	Project Completion date: 12/31/2019 Final deadline for Claim Submittal: 1/31/2020	Equipment: AEL# 07ZZ-00-NCBR	PROJECT NOT TO EXCEED \$16,960
Project Title: P25 Tr	Project Title: P25 Trunked Radio System/Regional Microwave Link Project	rowave Link Project		

'	06CP-03-MWAV mittal: ct
Project Completion date: 12/31/2019	Final deadline for Claim Submittal: Within 30 days of project
Funds for P25 trunked radio system for	improve regional interoperable communications.
J-4: Strengthen	Capabilities

# Project Title: Training Program

IJ-10: Training &	Funding to provide regional training in direct support of the goals and	Project Completion date: 12/31/2019		PROJECT	
Exercise	protection, response and recovery from acts of terrorism.	Final deadline for Claim Submittal: Within 30 days of project	lraining	NOT TO EXCEED \$203,209	
		TOTAL ALLOCATION		TOTAL NOT TO EXCEED: \$423,700	

## EQUIPMENT

Reimbursement for Equipment Requires:

- An approved EHP memo, if applicable.
- A performance bond is required for any equipment item that exceeds \$250,000, or for any vehicle, aircraft, or watercraft, regardless of the cost. Failure to obtain and submit a performance bond to the UASI may result in disallowance of cost.
- purchasing (provided they are not in conflict with Federal regulations which supersede them). If sole source approval is needed, As allowable under Federal guidelines, procurement of equipment must follow local policies and procedures for competitive SOLANO must transmit the request to the UASI for request to the State.
- Prior to reimbursement, SOLANO must submit all invoices, AEL numbers, and a list of all equipment ID numbers and the deployed locations.
  - SOLANO must inventory, type, organize and track all equipment purchased in order to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

## TRAINING

Reimbursement for Training Requires:

- An approved EHP memo, if applicable.
- Training course expenses may include backfill/overtime, travel, tuition, per diem or other grant eligible expenses. Grant eligible training expenses are published in the FY 2018 Homeland Security Grant Program Guidance.
  - When seeking reimbursement for grant eligible training expenses, SOLANO must submit completed ledger page indicating course title, feedback number, sub category (e.g., OT, BF, Course Development).
    - Provide registration receipts and agendas.
- Provide copies of sign in sheets (must have supervisor's signature).
- All requests for reimbursements must be submitted within 30 days of project completion, unless an earlier deadline is set in this Appendix. SOLANO should submit reimbursement requests on a quarterly basis, as
- Authorized expenditures must fall into one of the following categories: Planning, Organization, Equipment, Training, or Exercises. Descriptions of authorized expenditures are in the following documents:
- FY 2018 Homeland Security Grant Program Notice of Funding Opportunity: https://www.fema.gov/media-library-data/1526578809767-7f08f471f36d22b2c0d8afb848048c96/FY 2018 HSGP NOFO FINAL 508.pdf
- as "FY http://www.caloes.ca.gov/GrantsManagementSite/Documents/FY%202018%20HSGP%20State%20Guidance.pdf California Supplement to the Federal Funding Opportunity Announcement, dated September 2018, available at 2018 Homeland Security Grant Program California Supplement to the Federal Notice of Funding Opportunity."
  - Authorized Equipment List: http://www.fema.gov/authorized-equipment-list
    - Cal OES Rules and Regulations, including the Recipient Handbook:
- http://www.caloes.ca.gov/GrantsManagementSite/Documents/2018%20Subrecipient%20Handbook.pdf
- modification to the inventory list in that Workbook must receive prior written approval from by the Bay Area UASI Any equipment purchased under this Agreement must match the UASI 2017 Grant Application Workbook. Any Program Manager.
  - No Management and Administration expenses are allowed, unless expressly identified and authorized in this
- Sustainability requirements may apply to some or all of the grant funded projects or programs authorized in this Appendix. See Agreement, ¶3.12.
  - All EHP documentation must be submitted and approved prior to any expenditure of funds requiring EHP

## **Appendix C -- Form of Reimbursement Request**

## REIMBURSEMENT REQUEST

UASI Management Team 711 Van Ness Avenue, Suite 420 San Francisco, CA 94102	
Re: FY 18 UASI Grant Reimb	ursement Request
County of SOLANO for the Distril NOVEMBER 1, 2018, and as am	Agreement between the City and County of San Francisco and the bution of FY 2018 UASI Grant Funds" (the "Agreement"), dated ended by the First Amendment dated APRIL 1, 2019, between the and the City and County of San Francisco, SOLANO hereby vs:
Total Amount of Reimbursement Requested in this Request:	\$
Maximum Amount of	

### SOLANO certifies that:

Request:

Funds Specified in Section 3.2 of the Agreement:

Total of All Funds Disbursed Prior to this

\_\_\_\_\_, 2020

- (a) The total amount of funds requested pursuant to this Reimbursement Request will be used to reimburse SOLANO for Authorized Expenditures, which expenditures are set forth on the attached Schedule 1, to which are attached true and correct copies of all required documentation of such expenditures.
- (b) After giving effect to the disbursement requested pursuant to this Reimbursement Request, the Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 3.2 of the Agreement, or the not to exceed amounts specified in Appendix A for specific projects and programs.

- (c) The representations, warranties and certifications made in the Agreement are true and correct in all material respects as if made on the date hereof, and SOLANO is in compliance with all Grant Assurances in Appendix B of the Agreement. Furthermore, by signing this report, SOLANO certifies to the best of their knowledge and belief that the report is true, complete and accurate and expenditures, disbursements, and cash receipts are for the purpose and objectives set forth in the terms and conditions of the federal award. SOLANO is aware that any false, fictitious or fraudulent information or the omission of any material fact, may subject SOLANO to criminal civil or administrative penalties for fraud, false statements, false claims or otherwise.
- (d) No Event of Default has occurred and is continuing.
- (e) The undersigned is an officer of SOLANO authorized to execute this Reimbursement Request on behalf of SOLANO.

Signature of Authorized Agent:		
Printed Name of Authorized Agent:		
Title:	Date:	

## SCHEDULE 1 TO REQUEST FOR REIMBURSEMENT

The following is an itemized list of Authorized Expenditures for which reimbursement is requested:

Project Payee	Amount	Description	If final claim for project, check box
The following are attached as p	art of this Schedule 1 (Plea	ase check items that are applicab	le):
Planning:	Organization:	Equipment:	
☐ Invoice/Payroll Charges ☐ Payroll Register ☐ Cleared Check Payment ☐ Job Description ☐ Functional Timesheets ☐ Deliverables/Progress Reports	☐ Invoice/Payroll Charge ☐ Payroll Register ☐ Cleared Check Paymen ☐ Job Description ☐ Functional Timesheets ☐ Deliverables/Progress	☐ Cleared Check Payn nt ☐ Purchase Order ☐ Packing Slip ☐ EHP Approval	on Please submit
<ul> <li>☐ Invoice</li> <li>☐ Cleared Check Payment</li> <li>☐ Training Feedback Number</li> <li>☐ EHP Approval</li> <li>☐ Certificates/Proof of Participation</li> <li>☐ Sign In Sheet</li> <li>☐ Agenda</li> </ul>	<ul> <li>☐ Invoice</li> <li>☐ Cleared Check Paymen</li> <li>☐ After Action Report</li> <li>☐ EHP Approval</li> <li>☐ Overtime Authorizatio</li> </ul>		
For inquiries/questions, please conf	tact:		
E	Phone #:	Email:	-
Print Name			