



City and County of San Francisco  
Department of Emergency Management  
Bay Area Urban Areas Security Initiative  
711 Van Ness Avenue, Suite # 420  
San Francisco, CA 94102  
TEL: (415) 353-5223 FAX: (415) 353-5247

## GRANT PROPERTY TRANSFER AGREEMENT

Subrecipient: <u>Solano County</u>	PO # <u>0000304075</u>
Dept: <u>Sheriff's Office / Office of Emergency Services</u>	Date: <u>7/16/19</u>
Name: <u>Don Ryan</u>	Funding Source: <u>FY 2017 &amp; FY 2018 UASI</u>
Address: <u>530 Clay Street</u>	
City: <u>Fairfield</u> State: <u>CA</u> Zip Code: <u>94533</u>	
Telephone: <u>707-784-1600</u>	

By executing this document, the parties agree to transfer ownership of the grant property listed below from the Bay Area UASI to SOLANO COUNTY, subject to the terms and conditions set forth below.

Qty	Description	AEL #	Total Cost
5	Mini-Rad D's (S/N's 811584, 811593, 811603, 811667, 811729)	07RD-02-PRDA	\$ 6,110.62
1	IdentiFINDER R200-GN (S/N 421510400044)	07RD-02-RIID	\$ 5,188.30
1	dentiFINDER R440-GN (S/N 421355900079)	07RD-02-RIID	\$31,236.42
		TOTAL	\$42,535.34

Physical Equipment Location:	<u>Fairfield Fire Department, 1200 Kentucky Street, Fairfield, CA 94533</u>
Contact Person:	<u>Robb Herrick</u>
Telephone Number:	<u>707-333-8953</u>
Email Address:	<u>rherrick@fairfield.ca.us.gov</u>

SOLANO COUNTY agrees that it will abide by all local, state, and federal regulations included in and associated with the grant program utilized to purchase the above listed items. SOLANO COUNTY also agrees that it will abide by the policies and procedures contained in the Bay Area Preventive Radiological/Nuclear Detection Policies and Procedures Manual. In accordance with the Uniform Guidance 2 CFR 200, SOLANO COUNTY will maintain an accurate inventory and provide a copy of such inventory each year when requested to the Bay Area UASI. SOLANO COUNTY further agrees to report as soon as possible the loss, destruction or disposal of any items listed and to be responsible for any maintenance and repair of all items. All items purchased under these grants must be available for mutual aid deployment. SOLANO COUNTY will reimburse Bay Area UASI for all costs assessed against Bay Area UASI by state for damages to the property which occur while the property is in possession of the SOLANO COUNTY. I am authorized to execute this agreement on behalf of:

SOLANO COUNTY

UASI

Signature: \_\_\_\_\_  
Printed Name: Don Ryan  
Title: OES Manager  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: Tristan Levardo  
Title: Chief Financial Officer  
Date: \_\_\_\_\_