(Cal OES Use Only)									
Cal OES#		FIPS#		VS#		Subaward #			

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: 1a. DUNS #: 01097-9029 1. Subrecipient: County of Nevada Transit Services Division 2a. DUNS #: 01097-9029 2. Implementing Agency: County of Nevada Transit Services Division 950 Maidu Avenue 3. Implementing Agency Address: Nevada City 95959-8617 City Street Zip+4 4. Location of Project: Grass Valley Nevada 95945-9533 City County Zip+4 07/01/17 Gold Country Stage Bus Stop & Safety Improvement Phase VIII 6. Performance Period: 03/31/19 5. Disaster/Program Title: ☑ N/A; ☐ 10% de Minimis; ☐ Federally Approved ICR; 7. Indirect Cost Rate: G. Total Project Grant E. In-Kind A. State B. Federal C. Total D. Cash Match F. Total Match **Fund Source** Match Cost Year PROP 1B \$57,733 2017 \$0 \$0 \$57,733 \$0 \$0 \$0 Select Select \$0 \$0 Select Select \$0 Select 11. Select \$0 12G. Total Project Cost: 12. **TOTALS** \$0 \$57,733 \$0 \$0 \$0 \$57,733 \$57,733 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. 15. Federal Employer ID Number: 94-6000526 14. Official Authorized to Sign for Subrecipient: Name: Trisha Tillotson Title: Director of Public Works FAX: 530-265-9849 Email: trisha tillotson@co nevada ca us Telephone: 530-265-1718 (area code) (area code) Payment Mailing Address: City: Nevada City Zip+4: 95959-8617 950 Maidu Avenue Date: 06/27/17 Signature: (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. Cal OES Director (or designee) Date Cal OES Fiscal Officer Date

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Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Subrecipients may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

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Name	Title	Address	Phone Number	Email
Trisha Tillotson	Director of Public Works	950 Maidu Avenue, Nevada City, CA 95959-8617	530-265-1718	trisha.tillotson@co.nevada.ca.us
Susan Healy-Harman	Transit Services Manager	950 Maidu Avenue, Nevada City, CA 95959-8617	530-477-0103 x1003	susan.healy-harman@co.nevada.ca.us
Liz Nielsen	Accounting Technician	950 Maidu Avenue, Nevada City, CA 95959-8617	530-477-0103 x1000	elizabeth.nielsen@co.nevada.ca.us

Not Subject to FFATA Financial Disclosure

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PROJECT DESCRIPTIONS

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County of Nevada Transit Services Division

Project	Project Description	Homeland Security	Homeland Security	Homeland Security	NPG Mission Areas	NCD Core Constitution	PSASADINA DE REPORTE	March	No. of the Address of
rioject	Project Description	Investment Justification	Strategy Goals	Strategy Objectives	HPG PISSION APEAS	NGP Core Capabilities	Capabilitities Building	Need	Project Milestone & Justifications
Project A	The Gold Country Stage Bus Stop & Safety Improvement Phase VI project will implement bus stop and safety improvement strategies and components that include equipment, devices and supplies to be used or installed on transit vehicles, facilities, bus stops, bus shelters and for staff support throughout our service area. These items will create, generate, improve and enhance the safety and security of our overall transit system by upgrading our capabilities to insure a safer and more secure overall system and improve our capacity to respond to security and emergency situations in our community. The equipment, devices and supplies include operation communication equipment, signage, bus stop/bus shelter safety and security equipment, video security camera systems and bus and staff safety supplies. Overall system safety and security will be enhanced through the provision of these improvements.	Investment #2: Enhance Critical Infrastructure Protection	Goal 2: Protect Critical Infrastructure and Key Resources	Objective 2.1: Implement the California Critical Infrastructure Protection Program	Protection	Physical Protective Measures	Sustain	safety and security upgrades and improvements through the inventory identification of areas that are outdated,	At the 6 month mark, this project will be 10% complete and \$5,773 funds will be expended. At the 12 month mark, this project will be 50% complete and \$28,866 funds will be expended. At the 18 month mark, this project will be 100% complete and \$57,733 funds will be expended.
Project B									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project C									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.
Project D									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.
Project E	FMFW v1.15 - 2015	1							At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.

Project	Project Description	Homeland Security Investment Justification	Homeland Security Strategy Goals	Homeland Security Strategy Objectives	NPG Mission Areas	NGP Core Capabilities	Capabilitaties Building	Need	Project Milestone & Justifications
Project F									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project G									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.
Project H			1						At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project I									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project J									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project K									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.
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Project M									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.

Project	Project Description	Homeland Security Investment Justification	Homeland Security Strategy Goals	Homeland Security Strategy Objectives	NPG Mission Areas	NGP Core Capabilities	Capabilithies Building	Need	Project Milestone & Justifications
Project N									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project O									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project P									At the 6 month mark, this project will be _% complete and \$ funds will be expended. At the 12 month mark, this project will be _% complete and \$ funds will be expended. At the 18 month mark, this project will be _% complete and \$ funds will be expended.
Project Q									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project R									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project S									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.
Project T									At the 6 month mark, this project will be% complete and \$ funds will be expended. At the 12 month mark, this project will be% complete and \$ funds will be expended. At the 18 month mark, this project will be% complete and \$ funds will be expended.

PROJECT LEDGER

Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests. Alterations to this document may result in delayed application approval, modification requests, or reimbursement requests.

Warning! Decimal usage is not allowed. Attempts to use decimals will prompt error message.

County of Nevada Transit Services Division

CFDA #:

LEDGER TYPE:	Ir	itial Applica	ation					
Today's Date	June 27,2017							
Request #	1							
Expenditure	(Date) From:	7/1/2017						
Period:	(Date) To:	3/3	3/31/2019					
Approval: Cal OES ONLY	Date & Initials (Prog. REP.):							
Amount This Request	Total Approved	Remaining Balance	Percentage Expended					
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									Cal OES ONLY	(Prog. REP.):		
roject	Direct/Subaward	Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated	Amount Approved Prevously	Amount This Request	Total Approved	Remaining Balance	Percentage Expended
А	Subaward	Gold Country Stage Bus Stop & Safety Inprovement Phase VIII	PROP 1B	GA	Equipment	Other Authorized Equipment			57,733	57,733	(57,733)	
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approval, modification requests, or reimbursement requests.

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County of Nevada Transit Services Division

CFDA #:

LEDGER TYPE:	Advance							
Today's Date	June 27,2017							
Request #	1							
Expenditure	(Date) From: 7/1/2017							
Period:	(Date) To:	3/3	1/2019					
Approval: Cal OES ONLY	Date & Initials (Prog. REP.):							
Amount This	Total	Remaining	Percentage					

									Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		
roject	Direct/Subaward	Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated	Amount Approved Prevously	Amount This Request	Total Approved	Remaining Balance	Percentage Expended
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А	Subaward	Gold Country Stage Bus Stop & Safety Improvement Phace VI	PROP 1B	GA	Equipment	Other Authorized Equipment			72,167	72,167	(72,167)	
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A	Direct	Gold Country Stage Bus Stop & Safety Improvement Phase VIII	PROP 1B	GA	Equipment	Other Authorized Equipment			1.1	11-5		
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А	Subaward	Gold Country Stage Bus Stop & Safety Improvement Phase VIII	PROP 1B	GA	Equipment	Other Authorized Equipment			57,733	57,733	(57,733)	
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Funding Source

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County of Nevada Transit Services Division

Project Equipment Description (Quantity)

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the	Sub-Category	Invoice	Vendor	10 Tag Number	Condition & Disposition	Deployed Location	Acquired: Date:	Procurement over 150%	Sale Source Involved	Hold Trigger	Approval Date	Budgeted Cost	Approved Previous	Amount This Request	REIMB Request	Approved	Remaising Believe
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	AUTHORIZED AGENT	
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County of Nevada Transit Services Di		
Supporting Information for Reimbursement/Advance of State and Federal Funds		
This request is for an/a: Initial Application		
This claim is for costs incurred within the grant expenditure period from and does not cross fiscal years.	July 1, 2017 through (Beginning Expenditure Period Date)	March 31, 2019 (Ending Expenditure Period Date)
	(REIMB or MOD Request #)	57,733 (Amount This Request)
Under Penalty of Perjury I certify that: I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expostatement of Certification - Authorized Agent This Grant Subaward consists of this title page, the application for the grant, which is attache Subaward Agreement, and have the approval of the City/County Financial Officer, City Managoursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal progrant contingent on the enactment of the State Budget. For HSGP: All equipment and training pro	ed and made a part hereof, and the Assurances/Certifications. I her ler, County Administrator, Governing Board Chair, or other Approving Libward. The Subrecipient accepts this Grant Subaward and agrees in guidelines, and Cal OES policy and program guidance. The Subre	reby certify I am vested with the authority to enter into this Grant ng Body. The Subrecipient certifies that all funds received to administer the grant project in accordance with the Grant ecipient further agrees that the allocation of funds may be
Trisha Tillotson, Director of Public Works		6/27/2017
Printed Name and Title	Signature of Authorized Agent	Date

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook

		AUTHORIZED AGENT	NAME OF	
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County of Nevada Transit Service	s Di			
Supporting Information for Reimbursement/,	Advance of State and Federal Funds		×	
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This request is for an/a:	Advance			
nis claim is for costs incurred within the grant expenditure period from nd does not cross fiscal years.		July 1, 2017 (Beginning Expenditure Period Date)	through	March 31, 2019 (Ending Expenditure Period Date)
		(REIMB or MOD Request #)	_	57,733
Under Penalty of Perjury I certify I am the duly authorized officer of the claim Statement of Certification - Autho	ant herein. This claim is true, correct, and all exp	enditures were made in accordance with applicable l	aws, rules, regulations a	(Amount This Request) and grant conditions and assurances.
This Grant Subaward consists of this title pay Subaward Agreement, and have the approva pursuant to this agreement will be spent exc Subaward as well as all applicable state and	ge, the application for the grant, which is attache Il of the City/County Financial Officer, City Manag dusively on the purposes specified in the Grant Su federal laws, audit requirements, federal progran	er, County Administrator, Governing Board Chair, or	other Approving Body. ard and agrees to admir ce. The Subrecipient fo	nister the grant project in accordance with the Grant urther agrees that the allocation of funds may be
Trisha Tillotson, Director of Po	ublic Works			6/27/2017
Printed Name and Title		Signature of Authorized Agent		Date

Please reference the Instructions Page under the "Authorized Agent" section for instructions/address on where to mail workbook