



Nevada Department of
Public Safety

STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY (NDPS)
DIVISION OF EMERGENCY MANAGEMENT (NDEM)

2478 Fairview Drive, Carson City, Nevada 89701
Telephone (775) 687-0300, Fax (775) 687-0322

| Sub Grant Award | | |
|---|---------------------|---|
| SUBGRANTEE: Washoe County Sheriff's Office | | FAIN NUMBER: EMW-2019-SS-00061-S01 |
| ADDRESS: 911 Parr Blvd., Reno, NV 89512 | | ALT(formerly CFDA) / PROJECT NO: 97067.19-3000 |
| Department of Homeland Security (DHS) Grant | | NDEM DUNS: 607025848 |
| PROGRAM NAME: FFY19 - State Homeland Security Program (SHSP) | | SUB-GRANTEE DUNS: 609738455 |
| PROJECT TITLE: Northern Nevada Regional Intelligence Center-FUSION | | SUBGRANTEE GRANT FUNDS: \$53,358.55 |
| SUBGRANTEE AWARD PERIOD: September 1, 2019 - August 31, 2021 | | SUBGRANTEE MATCHING FUNDS: \$0.00 |
| FEDERAL AWARD PERIOD TO DEM: September 1, 2019 - August 31, 2022 | | TOTAL SUBGRANTEE AWARD: \$53,358.55 |
| FEDERAL AWARD AMOUNT TO DEM: \$ 9,077,500.00 | | |
| Special Notes: | | |
| APPROVED BUDGET FOR PROJECT | | |
| CATEGORY | TOTAL PROJECT COSTS | |
| Northern Nevada Regional Intelligence Center-FUSION | | \$53,358.55 |
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| SUBGRANTEE FEDERAL GRANT TOTAL | | \$53,358.55 |
| SUB-GRANTEE MATCH TOTAL | | |

This award is subject to the requirements (federal, state, financial and program assurances) established by the Federal Government; the Nevada Department of Public Safety and the Nevada Division of Emergency Management. This award is subject to availability of federal funding.
Special Conditions: (If Applicable) This project is approved subject to such conditions or limitations as set forth on the attached page(s)
ATTACHMENTS: (1) FEDERAL & STATE ASSURANCES (2) FINANCIAL AND PROGRAM ASSURANCES (3) FEDERAL CERTIFICATIONS (4) SCOPE AND TIMELINE OF WORK (5) LINE ITEM DETAILED BUDGET.

| AGENCY APPROVAL | SUBGRANTEE ACCEPTANCE |
|--|--|
| Justin Luna, Chief | Darin Balaam, Sheriff |
| Name and Title of Appointing Official | Name and Title of Appointing Official |
| X <i>Justin Luna</i> 10-1-19 | X |
| Signature of Approving Official Date: | Signature of Approving Official Date: |

| Internal NDEM Review | |
|----------------------|---------|
| | EMPM |
| | ASO III |
| | GRM |

 **ORIGINAL**