

STATE OF NEVADA

Office of the Military DIVISION OF EMERGENCY MANAGEMENT (NDEM)

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

12000		Sub Gra	nt Award	and the second		
				FAIN NUMBER:	EMW-2022-S	S-00019
SUBGRANTEE:	Washoe County Office of Emergency Management		ALT(formerly CFDA) / F	ROJECT NO:	97067.22-3000	
ADDRESS:	5195 Spectrum Blvd., Reno, NV 89509		DEM Unique Entity Id	lentifier	XVTREHCXGM77	
PROGRAM NAME:	Department of Homeland Security (DHS) Grant FFY22 - State Homeland Security Program (SHSP)			Subgrantee Unique E	Entity Identifier	DCJLHJL4WQ94
PROJECT TITLE:	Situational Awareness & Communications Platform			SUBGRANTEE GRAN	IT FUNDS:	\$46,666.00
SUBGRANTEE AW	JBGRANTEE AWARD PERIOD: September 1, 2022 - June 30, 2024			SUBGRANTEE MATC	HING FUNDS:	\$0.00
FEDERAL AWARD PERIOD TO DEM: September 1, 2022 - August 30, 2			2 - August 30, 2025	TOTAL SUBGRANTE	E AWARD:	\$46,666.00
FEDERAL AWARD	AMOUNT TO DEM:	\$	10,097,500.00			
Special Notes: De	obligated funding from	n 2022 used to con	nplete project			
	A	PPROVED BUDG	ET FOR PROJECT			
	CATEGORY		TOT	AL PROJECT COST	5	
Equipment						\$46,666.00
SUBGRANTEE FI	EDERAL GRANT TO					\$46,666.00
SUB-GRANTEE N	ATCH 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		
David W. Fogerson, Chief		Kelly Echeverria, Emergency Manager		
Name and Title of Appointing Official		Name and Title of Appointing Official		
X Undas	(7)AN24	X		
Signature of Approving Official	Date:	Signature of Approving Official	Date:	

Internal NDEM Review					
	EMPM				
	ASO III				
_	GRM				

CONFIRMATION