



**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

| Sub Grant Award                                                              |                     |                                                         |
|------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|
| <b>SUBGRANTEE:</b> Washoe County Sheriff's Office                            |                     | <b>FAIN NUMBER:</b> EMW-2020-SS-00056                   |
| <b>ADDRESS:</b> 911 Parr Blvd, Reno, NV 89512                                |                     | <b>ALT(formerly CFDA) / PROJECT NO:</b> 97067.20-3000   |
| <b>PROGRAM NAME:</b> FFY20 - State Homeland Security Program (SHSP)          |                     | <b>DEM Unique Entity Identifier</b> XVTREHCXGM77        |
| <b>PROJECT TITLE:</b> Consolidated Bomb Squad - Response Trailer Upfit       |                     | <b>Subgrantee Unique Entity Identifier</b> LJCKY7DLT898 |
| <b>SUBGRANTEE AWARD PERIOD:</b> October 1, 2020- June 30, 2024               |                     | <b>SUBGRANTEE GRANT FUNDS:</b> \$19,700.00              |
| <b>FEDERAL AWARD PERIOD TO DEM:</b> September 1, 2020 - August 31, 2024      |                     | <b>SUBGRANTEE MATCHING FUNDS:</b> \$0.00                |
| <b>FEDERAL AWARD AMOUNT TO DEM:</b> \$ 9,537,500.00                          |                     | <b>TOTAL SUBGRANTEE AWARD:</b> \$19,700.00              |
| <b>Special Notes:</b> Deobligated funding from 2020 used to complete project |                     |                                                         |
| APPROVED BUDGET FOR PROJECT                                                  |                     |                                                         |
| CATEGORY                                                                     | TOTAL PROJECT COSTS |                                                         |
| Equipment                                                                    |                     | \$19,700.00                                             |
|                                                                              |                     |                                                         |
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| <b>SUBGRANTEE FEDERAL GRANT TOTAL</b>                                        |                     | <b>\$19,700.00</b>                                      |
| <b>SUB-GRANTEE MATCH TOTAL</b>                                               |                     |                                                         |

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                                                                         |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>David W. Fogerson, Chief</b>                                                                               | <b>Darin Balaam, Washoe County Sheriff</b>                                                    |
| Name and Title of Appointing Official                                                                         | Name and Title of Appointing Official                                                         |
| <b>X</b>  <b>17 JAN 24</b> | <b>X</b>  |
| Signature of Approving Official                                                                               | Signature of Approving Official                                                               |
| Date:                                                                                                         | Date:                                                                                         |

| Internal NDEM Review     |         |
|--------------------------|---------|
| <input type="checkbox"/> | EMPM    |
| <input type="checkbox"/> | ASO III |
| <input type="checkbox"/> | GRM     |

**ORIGINAL**