(Cal OES Use Only)							
Cal OES #		FIPS #	037-14974	VS #		Subaward #	6961-0002

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
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:

1. Subrecipient: City of Commerce **1a. DUNS #:** 076943018

2. Implementing Agency: City of Commerce **2a. DUNS #:** 076943018

3. Implementing Agency Address: 5555 Jillson Street (Street) Commerce (City) 00009-0040 (Zip+4)

4. Location of Project: City of Commerce (City) Los Angeles (County) 00009-0040 (Zip+4)

5. Disaster/Program Title: Prop 1B Mass Transit 60% **6. Performance Period:** 07/01/16 to 06/30/17

7. Indirect Cost Rate: ☐ N/A; ☐ 10% de Minimis; ☐ Federally Approved ICR; _____

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	8. PROP 1B	$17,074					$0	$17,074
Select	9. Select						$0	$0
Select	10. Select						$0	$0
Select	11. Select						$0	$0
	12. **TOTALS**	$17,074	$0	$17,074	$0	$0	$0	12G. Total Project Cost: **$17,074**

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.

14. Official Authorized to Sign for Subrecipient:

Name: Claude McFerguson Title: Director of Transportation

Telephone: 323-887-4419 (area code) FAX: 323-724-2776 (area code) Email: ClaudeM@ci.commerce.ca.us

Payment Mailing Address: 2535 Commerce Way City: Commerce Zip+4: _____

Signature: Claude McFerguson Date: 12/31/17

15. Federal Employer ID Number: 95-6006477

(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 Fiscal Officer Date Cal OES Director (or designee) Date

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

Grant Staff List

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.

CFDA#:

Name	Title	Address	Phone Number	Email
Claude McFerguson	Director of Transportation	5555 Jillson Street, Commerce, CA 90040	323-887-4419	ClaudeM@ci.commerce.ca.us

Not Subject to FFATA Financial Disclosure

☑

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

EQUIPMENT

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

CFDA #:

City of Commerce

037-14974
6961-0002

LEDGER TYPE:	Advance	
Today's Date	December 31, 2017	
Request #		
Expenditure Period:	(Date) From:	7/1/2016
	(Date) To:	6/30/2017
Approval: Cal OES ONLY	Date & Initials (Prog. REP.):	

Project	Equipment Description (Quantity)	AEL #	AEL Title	SAFECOM consult	Funding Source	Discipline	Solution Area Sub-Category	Invoice Number	Vendor	ID Tag Number	Condition & Disposition	Deployed Location	Acquired Date	Part of a Procurement over 150k	Sole Source Involved	Hold Trigger	Approval Date	Budgeted Cost	Amount Approved Previous	**Amount This Request**	REIMB Request #	Total Approved	Remaining Balance
																		-	-	-	-	-	-
A	Security Video Monitoring System				PROP 1B	GA																-	-

FMFW v1.15 - 2015

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

PROJECT LEDGER

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CFDA #:

City of Commerce
037-14974
6961-0002

LEDGER TYPE:			
Today's Date	December 31, 2017		
Request #			
Expenditure Period:	(Date) From:	7/1/2016	
	(Date) To:	6/30/2017	
Approval: Cal OES ONLY	Date & Initials (Prog. REP.):		

Project	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
							-	-	**17,074**	**17,074**	**(17,074)**	
A	Subaward	Onboard Video Security Monitoring	PROP 1B	GA	Equipment	Physical Security Enhancement Equipment			17,074	17,074	(17,074)	

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

PROJECT DESCRIPTIONS

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CFDA #:

City of Commerce
037-14974
6961-0002

Project	Project Description	Homeland Security Investment Justification	Homeland Security Strategy Goals	Homeland Security Strategy Objectives	NPG Mission Areas	NGP Core Capabilities	Capabilities Building	Need	Project Milestone & Justifications
Project A	**The City would install a new on-board video security monitoring system aboard the new transit vehicle # 380. The new system would allow surveillance data to be downloaded by wireless equipment and monitor operations remotely.**	Investment #3: Strengthen Communication Capabilities	Goal 3: Strengthen Communications Capabilities	Objective 3.2: Strenghten Alert and Warning Systems to Ensure the Delivery of Clear and Consistent Public Information	Response	Public Information and Warning	Sustain	The installation will allow us the ability to monitor operations remotely and decrease response time in the event of an emergency.	At the 6 month mark, this project will be 100% complete and $17,074 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 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									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 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.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

AUTHORIZED AGENT

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CFDA #:

City of Commerce
037-14974
6961-0002

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, 2016 (Beginning Expenditure Period Date) through June 30, 2017 (Ending Expenditure Period Date)

(REIMB or MOD Request #)

17,074 (Amount This Request)

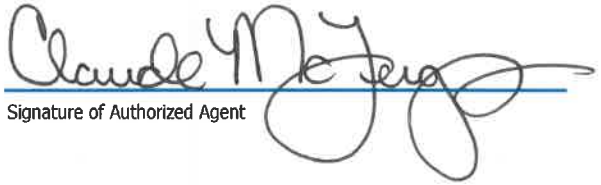
Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

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 Agreement, 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 Subward. 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. For HSGP: All equipment and training procured under this grant must be in support of the development or maintenance of an identified team or capability.

Claude McFerguson
Printed Name and Title


Signature of Authorized Agent

12/31/2017
Date

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

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

AUTHORIZED AGENT

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CFDA #:

City of Commerce
037-14974
6961-0002

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: **Advance**

This claim is for costs incurred within the grant expenditure period from July 1, 2016 (Beginning Expenditure Period Date) through June 30, 2017 (Ending Expenditure Period Date) and does not cross fiscal years.

(REIMB or MOD Request #)

17,074
(Amount This Request)

Under Penalty of Perjury I certify that:

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Claude McFerguson
Printed Name and Title


Signature of Authorized Agent

12/31/2017
Date

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