SCO ID:

STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
17-MITPPS-21024	01

☐ **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED**

1. CONTRACTOR'S NAME		2. FEDERAL I.D. NUMBER
County of Sonoma		N/A
3. AGENCY TRANSMITTING AGREEMENT	4. DIVISION, BUREAU, OR OTHER UNIT	5. AGENCY BILLING CODE
Department of Housing and Community Development	Financial Assistance	N/A
6a. CONTRACT ANALYST NAME	6b. EMAIL	6c. PHONE NUMBER
Tania Armstrong	Tania.Armstrong@hcd.ca.gov	916-890-6192

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☑ No ☐ Yes *(If Yes, enter prior Contractor Name and Agreement Number)*

PRIOR CONTRACTOR NAME: N/A

PRIOR AGREEMENT NUMBER: N/A

8. BRIEF DESCRIPTION OF SERVICES

The project will result in the development of a Sonoma County Community Emergency Response Team (CERT) pilot program to create a network of volunteer leadership and will provide local volunteers with training and coordination in response to disasters.

Per Subrecipient request, the Department agrees to extend the contract expiration date an additional 38 months, from June 25, 2025 to August 31, 2028. Exhibit A and Exhibit F are hereby replaced with Exhibit A (Rev. 02/2025) and Exhibit F (Rev. 02/2025), attached hereto and made a part hereof.

9. AGREEMENT OUTLINE *(Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)*

Community Development Block Grant Mitigation (CDBG-MIT) Resilient Planning and Public Services (MIT-PPS) program was developed to support projects and activities that reduce risk to communities impacted by the 2017 disasters. The program was created following funds appropriated in Public Law 115-123 and follows requirements outlined in the Federal Register Notice (84 FR 45838) published on August 23, 2019, for CDBG-MIT funding. MIT-PPS projects are funded to assist local jurisdictions and non-profits with mitigation-related planning and public services needs to support risk reduction from the three primary hazards (wildfire, flooding, and earthquake) as established within the Mitigation Needs Assessment found in the HCD CDBG-MIT Action Plan. Eligible projects must increase resilience to disasters and reduce or eliminate the long-term risk of loss of life, injury, damage to and loss of property, and suffering and hardship, by lessening the impact of future disasters.

Amendment 1: Extending the term from 6/25/2025 to 8/31/2028.

10. PAYMENT TERMS *(More than one may apply)*

☐ Monthly Flat Rate ☐ Quarterly ☐ One-Time Payment ☑ Progress Payment

☑ Itemized Invoice ☐ Withhold _____ % ☐ Advanced Payment Not To Exceed

☐ Reimbursement / Revenue _____ or _____ %

☐ Other *(Explain)*

11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
Federal Trust Fund	*2240-10102-0890*	21/22	06	2020	$500,000.00

OBJECT CODE: 5432000-Grants and Subventions-Governmental

AGREEMENT TOTAL **$500,000.00**

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OPTIONAL USE
FY: 21/22: RS 22402000, SL 46443 = $500,000.00-MITPPS

AMOUNT ENCUMBERED BY THIS DOCUMENT
$0.00

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT
$500,000.00

I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.

TOTAL AMOUNT ENCUMBERED TO DATE
$500,000.00

ACCOUNTING OFFICER'S SIGNATURE	ACCOUNTING OFFICER'S NAME *(Print or Type)*	DATE SIGNED
Vinod.Chauhan Digitally signed by Vinod.Chauhan Date: 2025.05.01 12:17:59 -07'00'	Vinod Chauhan	05/01/2025

12. AGREEMENT

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	11/21/2022	06/25/2025	$500,000.00	Exempt
Amendment 1	11/21/2022	8/31/2028	$0.00	Exempt
Amendment 2				
Amendment 3				
TOTAL			$500,000.00	

13. BIDDING METHOD USED
☐ Request for Proposal (RFP) *(Attach justification if secondary method is used)*
☐ Invitation for Bid (IFB)
☑ Exempt from Bidding *(Give authority for exempt status)*
☐ Other *(Explain)* SCM Vol. 1 5.80, B.2.b
☐ Use of Master Service Agreement
☐ Sole Source Contract *(Attach STD. 821)*

Note: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached

14. SUMMARY OF BIDS *(List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)*

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, EXPLAIN REASON(S) *(If an amendment, sole source, or exempt, leave blank)*

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?
N/A

17a. JUSTIFICATION FOR CONTRACTING OUT *(Check one)*
☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.
☐ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.
☑ Not Applicable (Interagency / Public Works / Other PCC 10348)

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION
☐ *By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).*

AUTHORIZED SIGNATURE	SIGNER'S NAME *(Print or Type)*	DATE SIGNED
N/A	N/A	N/A

18. FOR AGREEMENTS IN EXCESS OF $5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing? ☐ No ☐ Yes ☑ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10? ☐ No ☐ Yes ☑ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office? ☐ None on file ☐ No ☐ Yes ☑ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?
A. Contractor Certification Clauses ☐ No ☐ Yes ☐ N/A
B. STD 204 Vendor Data Record ☐ No ☑ Yes ☐ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED ☐ No ☑ Yes ☐ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS? ☑ No ☐ Yes
SB/DVBE Certification Number: N/A

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24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes if any) ☐ No *(Explain below)* ☐ Yes _____ % of Agreement

N/A

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS? ☐ No ☑ Yes *(If Yes, provide justification below)*

This Agreement is for over three years per the funding expenditure deadlines

I certify that all copies of the referenced Agreement will conform to the original agreement sent to the Department of General Services.

SIGNATURE	NAME/TITLE *(Print or Type)*	DATE SIGNED
Tania Armstrong	Tania Armstrong, Contract Analyst	4/29/2025

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JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60

In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

N/A

The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).

SIGNATURE	NAME/TITLE*(Print or Type)*	DATE SIGNED	
PHONE NUMBER	STREET ADDRESS		
EMAIL	CITY	STATE	ZIP