Obligating Document for Award

STATE GRANT NUMBER: 20HS-Brdw-Security FEDERAL AGREEMENT NUMBER: EMW-2020-SS-00018 AMENDMENT NUMBER:	SUB-RECIPIENT NAME AND ADDRESS: Broadwater County 515 Broadway Townsend, Montana 59644,		Montana I P.O. Box 4 1956 MT	ISSUING STATE OFFICE AND ADDRESS: Montana Disaster and Emergency Services P.O. Box 4789 1956 MT Majo Street Fort Harrison, MT 59636-4789	
NAME OF SUB- RECIPIENT AUTHORIZED REPRESENTATIVE:	SUB-RECIPIENT AUTHORIZED REPRESENTATIVE CONTACT INFORMATION:			AME AND CONTACT INFORMATION F MT DES PREPAREDNESS BRANCH ANAGER:	
Leonard myers	mmyers@co.broadwater.mt.us 406-266-9270	Burke Honzel bhonzel@mt.gov (406) 324-4771			
EFFECTIVE DATE OF THIS ACTION: 10/01/2020	METHOD OF PAYMENT: EFT		ACT INFORMATION OF MT DINATORS: ol -2584 nt.gov		
FEDERAL AWARD AMOUNT: \$42,900			OD OF PERFOR 2020	RMANCE: To: 09/30/2021	
ASSISTANCE ARRANGEMENT: Cost Reimbursement	CFDA #: 97.067	Budget Period: From: 10/01/2020		To: 09/30/2021	
SUB-RECIPIENT SIGNATOR	DATE				
SUB-RECIPIENT AUTHORIZED REPRESENTATIVE (Name and Title)				DATE	
MT DES SIGNATORY (Name and Title) Burke Honzel, Preparedness Bureau Chief, Authorized Organizational Representative				DATE 3 SEP 2020	

Obligating Document for Award

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STATE GRANT NUMBER: 20HS-Brdw-Gen	SUB-RECIPIENT NAME AND A Broadwater County	DDRE	A DE DO 18 ADMINISTRAÇÃO	ISSUING STATE OFFICE AND ADDRESS:	
FEDERAL AGREEMENT NUMBER: EMW-2020-SS-00018	515 Broadway Townsend, Montana 59644	l ,	P.O. B 1956 N	Montana Disaster and Emergency Services P.O. Box 4789 1956 MT Majo Street Fort Harrison, MT 59636-4789	
AMENDMENT NUMBER:					
NAME OF SUB-	SUB-RECIPIENT AUTHORIZED		NAMEAN	ID COME A CT IN HORD (A PROM	
RECIPIENT AUTHORIZED REPRESENTATIVE:	REPRESENTATIVE CONTACT INFORMATION:			ID CONTACT INFORMATION S PREPAREDNESS BRANCH R:	
Leonard myers	mmyers@co.broadwater.mt.us 406-266-9270	Burke Honzel bhonzel@mt.gov (406) 324-4771			
EFFECTIVE DATE OF THIS ACTION:	METHOD OF PAYMENT:	NAME AND CONTACT INFORMATION OF MT DES GRANT COORDINATORS: Shari Pool 406-202-2584 spool@mt.gov			
10/01/2020	EFT				
FEDERAL AWARD AMOUNT: \$165,000		PERIOD OF PERFORM From: 10/01/2020		FORMANCE: To: 09/30/2021	
ASSISTANCE ARRANGEMENT:	CFDA #:	Budget Period: From: 10/01/2020		To:	
Cost Reimbursement	97.067			09/30/2021	
SUB-RECIPIENT SIGNATORY OFFICIAL (Name and Title)				DATE	
SUB-RECIPIENT AUTHORIZED REPRESENTATIVE (Name and Title)				DATE	
MT DES SIGNATORY (Name and Title)				DATE	
Buld Hall	3 SEP 2020				
Burke Honzel, Preparedness Bur	reau Chief, Authorized Organization	al Repr	esentative		