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11/25/24
NON

R	FA# 2 UE	I NUHPZTXNP1N5	✓ SAM Verified	S	ub-Recipient Grant #	2024SHSGP-Los Al	amos	
Date of Request 11/25/2024			_		me of Grant Program	SHSGP		
Sub-Recipient Name Incorporated County of Los Alamos					Name of Project	Cybersecurity	,	
Requestor Name Beverley Simpson					Project #	1 Line#	1	
Contact Number 505-709-8632					Vendor Name	Advanced Netwo	ork	
Procurement Met	hod S	ole Source			•	Management Ir	ıc.	
		lick here> Purchasing Under A FE						
		FA requires a public bid process. D						
	uipment List # '-01-INHW	Description of G		Qty.	Unit Cost	Total \$ 87	,530.00	
2		Advanced Network				\$,550.00	
3		Travalleda Heritoria	management, me			\$	_	
4						\$	-	
5		The entire cost i	s \$174,470.62.			\$	-	
6 Los Alamos County is co			overing the remaining			\$	-	
7		cost of the softwa	re (cost sharing)			\$	-	
8		This is on a state p	ricing agreement			\$	-	
9						\$	-	
10						\$	-	
List of items to be purchased must be itemized. If you need additional lines, use the continuation					Sub Total	\$ 87	,530.00	
sheet. (YellowTab)			[Sub	-Total from page 2	\$	-	
			ī		GRAND TOTAL	\$ 87,5	30.00	
	9.10.20	Cub D	ecipient Acknowledger	nant			23-2545)	
BAS BAS	I certify that the manual signatur	indards to include having a writ foregoing signature is true and e, (b) is unique to myself, (c) is invalidated if the data are char	accurate, and if electronic, I capable of verification, (d) is	further cer under the	tify that it (a) is intended sole control of myself, an			
Sub	-Recipient Official's	Signature & Date		Sub- Recip	lent Procurement Revie	w & Date		
		DHSEN	A Grant Management Bur	reau .				
Name of Sub-Grant	Kemera	Available Budget Yes No	AEL # Verfied Returned to Sub-Recipie Notes:	nt for Addi	tional Information (Provi	de details below.)		
GWIC Review: (Interop		Ons Purchases Only) C Signature & Date						
Grant Management APPROVED DENIED RETURNED	LeahBo	<u> Manado n/3/21</u>	All Grants N	anage mei	12/4/2 y	DO NOT CONCUR CONCUR & Date		
inancial Review								
Procurement Officer Signature & Date Required if request exceeds \$60,000.00				hief Financial Officer Signature & Date Regulred if request exceeds \$60,000.00				
		DHSEM - A	Authorization for Large Ex	pense			7 27 3	
	or Finance Bureau C		-		t Secretary Signature &			
Required If request exceeds \$250,000.00					Required if request exceeds \$1,000,000.00			