



November 17, 2022

Cambria Lisonbee, Assistant District Attorney  
Nevada County  
201 Commercial Street  
Nevada City, CA 95959-2506

Subject: Notification of Grant Subaward Application Approval  
County Victim Services Program  
Grant Subaward #: XC22 05 0290

Dear Cambria Lisonbee:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$144,634, subject to Budget approval. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant Subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on the Cal OES website at [www.caloes.ca.gov](http://www.caloes.ca.gov).

Any funds received in excess of current needs, approved amounts, or those funds owed as a result of a close-out or audit, must be refunded to Cal OES within 30 days upon receipt of an invoice.

Please contact your Program Specialist, Olga Stupak, at (916) 845-8807 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file  
Program Specialist

## SPECIAL CONDITION



Grant Subaward No. XC22 05 0290 is hereby approved with the following conditions:

- Operational Agreements (OAs) must cover the entire grant period and therefore those OAs that expire prior to the end of the Grant Subaward performance period must be renewed as soon as they expire. Renewed OAs must be kept on file at your agency and an updated Operational Agreement Summary Form must be sent to your program specialist upon completion.

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the Grant Subaward and/or the denial of future grant funds.

## CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

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The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

**1. Subrecipient:** Nevada County **1a. UEI#:** QDD8KGRJTRL5

**2. Implementing Agency:** Nevada County - Office of the District Attorney **2a. UEI#:**

**3. Implementing Agency Address:** 201 Commercial Street Nevada City 95959-2506  
(Street) (City) (Zip+4)

**4. Location of Project:** Nevada City Nevada County 95959-2506  
(City) (County) (Zip+4)

**5. Disaster/Program Title:** XC - County Victim Services Program

**6. Performance/Budget Period:** 1/1/2023 to 12/31/2023  
(Start Date) (End Date)

**7. Indirect Cost Rate:** 10% de minimis **Federally Approved ICR (if applicable):** \_\_\_\_\_ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2020	VOCA		\$72,317					\$72,317
9.	2021	VOCA		\$72,317					\$72,317
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
<b>Total</b>	<b>Project</b>	<b>Cost</b>		<b>\$144,634</b>	<b>\$144,634</b>				<b>\$144,634</b>


**13. Certification** - 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. CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

**15. Official Authorized to Sign for Subrecipient:**

Name: Jesse Wilson Title: District Attorney

Payment Mailing Address: 201 Commercial Street City: Nevada City Zip Code+4: 95959-2506

Signature:  Date: 9-15-22

**16. Federal Employer ID Number:** 946000526

**(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.

DocuSigned by:  (Cal OES Financial Officer)	11/15/2022 (Date)	DocuSigned by:  (Cal OES Director or Designee)	11/15/2022 (Date)
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ENY: 2022-23 Chapter: 43 SL: 18400  
 Item: 0690-102-0890 Pgm: 0385  
 FAIN #: 2020-V2-GX-0031 10/01/19-09/30/24  
 Fund: Federal Trust AL#: 16.575  
 Program: County Victim Services Program  
 Match Req.: 20%, C/IK based on TPC-Match Waived  
 Project ID: OES20VOCA000012  
 SC: 2022-18400 Amount: \$72,317

ENY: 2022-23 Chapter: 43 SL: 18401  
 Item: 0690-102-0890 Pgm: 0385  
 FAIN #: 15POVC-21-GG-00613-ASSI 10/01/20-09/30/24  
 Fund: Federal Trust AL#: 16.575  
 Program: County Victim Services Program  
 Match Req.: 20%, C/IK based on TPC-Match Waived  
 Project ID: OES21VOCA000012  
 SC: 2022-18401 Amount: \$72,317

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