



September 20, 2023

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

Subject: **Grant Subaward Application Approval**
Victim/Witness Assistance Program
Grant Subaward #: VW23 37 0290

Dear Cambria Lisonbee:

The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$288,835, subject to enactment of applicable State Budget Act. 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.

Please contact your Program Specialist Tosha Enos, at Tosha.Enos@caloes.ca.gov with questions.

Sincerely,

Victim Services Grants Processing Unit

cc: Subrecipient's file
Program Specialist

Cal OES #	057-00000-16	FIPS #	057-00000	VS#		Subaward #	VW23 37 0290
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

SMC

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

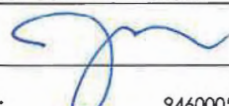
- 1. **Subrecipient:** Nevada County 1a. **UEI#:** QDDBKGRJTRL5
- 2. **Implementing Agency:** District Attorney 2a. **UEI#:** QDDBKGRJTRL5
- 3. **Implementing Agency Address:** 201 Commercial Street Nevada City 95959-2506
(Street) (City) (Zip+4)
- 4. **Location of Project:** Nevada City Nevada County 95959-2506
(City) (County) (Zip+4) ✓
- 5. **Disaster/Program Title:** VW - Victim/Witness Assistance Program 6. **Performance/Budget Period:** 10/1/2023 to 9/30/2024
(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.	2022	VOCA		\$157,120					\$157,120
9.	2023	VOCA		\$107,132					\$107,132
10.	2023	VWA0	\$24,583						\$24,583
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost	\$24,583	\$264,252	\$288,835				\$288,835

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: 6-8-23

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


(FOR Cal OES USE ONLY)

I hereby certify that I have the personal knowledge that budgeted funds are available for the purpose of the expenditure stated above.

DocuSigned by: <u>Mary Rucker</u> 9A3D0B66E24B485...	<u>9/19/2023</u> (Date)	DocuSigned by: <u>Heather Carlson</u> F76A062C0BE0440...	<u>9/19/2023</u> (Date)
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 ENY: 2023-24 Chapter: 12 SL: 18402
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 15POVC-22-GG-00708-ASSI 10/01/21-09/30/25
 Fund: Federal Trust Fund AL#: 16.575
 Program: Victim/Witness Assistance Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES22VOCA000012
 SC: 2023-18402 Amount: \$ 157,120

ENY: 2023-24 Chapter: 12 SL: 18403
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 15POVC-23-GG-00432-ASSI 10/1/22-09/30/26
 Fund: Federal Trust Fund AL#: 16.575
 Program: Victim/Witness Assistance Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES23VOCA000012
 SC: 2023-18403 Amount: \$ 107,132

DS

 ENY: 2023-24 Chapter: 12 SL: 14300
 Item: 0690-101-0903 Pgm: 0385
 Fund: Victim Witness Assistance Fund
 Program: Victim/Witness Assistance Program
 Match Req.: None
 Project ID: OES23VWA0000000
 SC: 2023-14300 Amount: \$ 24,583

Received by CalOES, Nicole Viernes
Mail Log #220440, Wednesday, June 14, 2023