



RESOLUTION No. 21-439

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION ACCEPTING THE CALIFORNIA OFFICE OF EMERGENCY SERVICES GRANT AWARD VW21350290 FOR THE NEVADA COUNTY VICTIM WITNESS ASSISTANCE PROGRAM IN THE AMOUNT OF \$289,251.00 FOR THE PERIOD OF OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022, AND AUTHORIZING THE DISTRICT ATTORNEY, OR THEIR ASSIGNEE, TO EXECUTE THE GRANT AGREEMENT AND ALL ADDITIONAL DOCUMENTS TO FULFILL THE GRANT REQUIREMENTS

WHEREAS, the California Office of Emergency Services (Cal OES) has awarded the County of Nevada District Attorney's Office State Victim Witness Assistance Grant Funds (VWAO), State Victim of Crimes General Funds (VCGF), and Federal Victim of Crime Act (VOCA) Grant funds; and

WHEREAS, the Cal OES grant award is comprised of State VWAO funds in the amount of \$24,741, State VCGF funds in the amount of \$155,158, and Federal VOCA funds in the amount of \$109,352 for a total of \$289,251, and have been made available for the grant period of October 1, 2021 to September 30, 2022; and

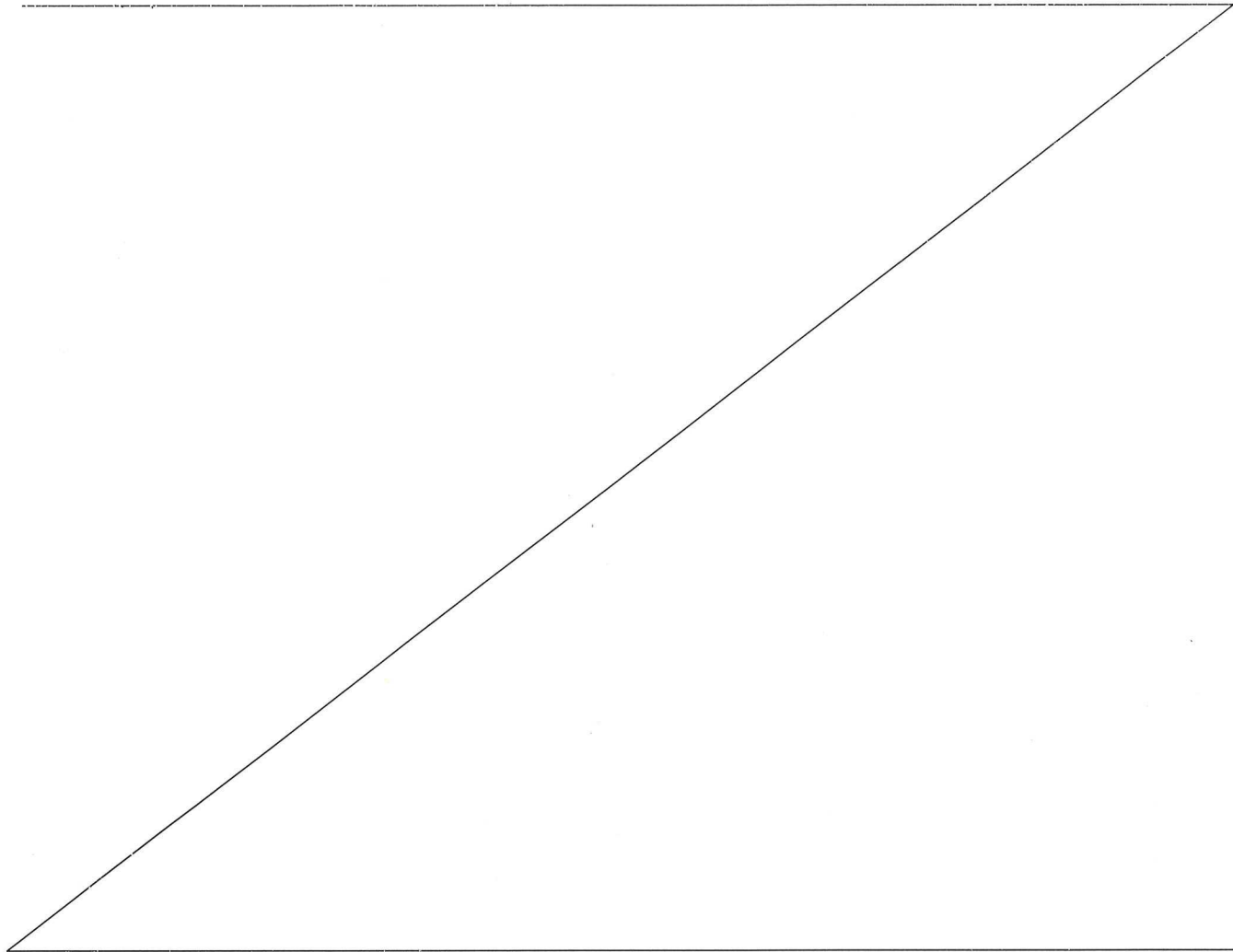
WHEREAS, these funds will be used to provide services to victims and witnesses of crime as specified in California Penal Code sections 13835-13835.5, including crisis intervention and other comprehensive services for the victims and witnesses of crime in Nevada County.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Nevada, State of California, hereby accepts the California Office of Emergency Services grant for the Nevada County Victim/Witness Assistance Program in the amount of \$289,251, for the grant period of October 1, 2021 through September 30, 2022; and

BE IT FURTHER RESOLVED that the District Attorney, or their designee, is authorized to execute any additional documents, including extensions or amendments thereto, required by Cal OES and necessary for implementation of this grant award.

Funds to be deposited to:

0101506082031000	444890	\$179,899
0101506082031000	446700	\$109,352



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 12th day of October, 2021, by the following vote of said Board:

- Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.
- Noes: None.
- Absent: None..
- Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Dan Miller, Chair

10/12/2021 cc: DA*
AC*



August 27, 2021

Chris Walsh, Assistant District Attorney
Nevada County
201 Commercial Street
Nevada City, CA 95959-2506

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Victim/Witness Assistance Program
Subaward #: VW21 35 0290, Cal OES ID: 057-00000

Dear Mr. Walsh:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$289,251, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This 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 Cal OES website at www.caloes.ca.gov.

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

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file

(Cal OES Use Only)

Cal OES #	057-00000-16	FIPS #	057-00000	VS#		Subaward #	VW21 35 0290
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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET

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. DUNS#:** 010979029

2. **Implementing Agency:** District Attorney Nevada County - Office of the District Attorney **2a. DUNS#:** 010979029

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

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

5. **Disaster/Program Title:** Victim Witness Assistance Program **6. Performance Period:** 10/1/2021 to 9/30/2022
 (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.	2019	VOCA		\$100,000					\$100,000
9.	2020	VOCA		\$9,352	\$9,352				\$9,352
10.	2021	VWAO	\$24,741						\$24,741
11.	2021	VCGF	\$155,158						\$155,158
12.	Select	Select							
Total	Project Cost		\$179,899	\$109,352	\$289,251				\$289,251

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: Clifford Newell Title: District Attorney

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

Signature: [Signature] Date: June 9, 2021

16. Federal Employer ID Number: 946000526

(FOR Cal OES USE ONLY)

I hereby certify, under my personal knowledge that budgeted funds are available for the period of this expenditure stated above.

<u>Mary Rucker</u>	<u>8/25/2021</u>	<u>Heather Carlson</u>	<u>8/25/2021</u>
(Cal OES Fiscal Officer)	(Date)	(Cal OES Director or Designee)	(Date)

ENY: 2021-22 Chapter: 21 SL: 18409
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 2019-V2-GX-0053 10/01/18-09/30/22
 Fund: Federal Trust AL#: 16.575
 Program: Victim/Witness Assistance Program
 Match Req.: 20%, C/I/K based on TPC - Match Waived
 Project ID: OES19VOCA0000012
 SC: 2021-18409 Amount: \$100,000

ENY: 2021-22 Chapter: 21 SL: 18400
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 2020-V2 -GX-0031 10/01/19-09/30/23
 Fund: Federal Trust AL#: 16.575
 Program: Victim/Witness Assistance Program
 Match Req.: 20%, C/I/K based on TPC-Match Waived
 Project ID: OES20VOCA0000012
 SC: 2021-18400 Amount: \$9,352

ENY: 2021-22 Chapter: 21 SL: 14019
 Item: 0690-105-0001 Pgm: 0385
 Fund: General Fund
 Program: Victim/Witness Assistance Program
 Match Req.: None
 Project ID: OES21VCGFSUPP00
 SC: 2021-14019 Amount: \$155,158

RECEIVED

By Tosha Enos at 1:50 pm, Jul 07, 2021

Mail Log # 738391

ENY: 2021-22 Chapter: 21 SL: 14300
 Item: 0690-101-0903 Pgm: 0385
 Fund: State Penalty Fund
 Program: Victim/Witness Assistance Program
 Match Req.: None
 Project ID: OES21VWA0000000
 SC: 2021-14300 Amount: \$24,741