



January 14, 2021

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

Subject: NOTIFICATION OF APPLICATION APPROVAL
County Victim Services Program
Subaward #: XC20 03 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 \$148,026, 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

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 (15) (25)

(Cal OES Use Only)

Cal OES # <u>057-00000-16</u>	FIPS # <u>057-00000</u>	VS#	Subaward # <u>X620 03 0290</u>
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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: Nevada County - District Attorney Office **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: County Victim Services Program **6. Performance Period:** 1/1/2021 to 12/31/2021
 (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.	2018	VOCA		\$74,013					\$74,013
9.	2019	VOCA		\$74,013			\$12,212	\$12,212	\$86,225
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost		\$148,026	\$148,026		\$12,212	\$12,212	\$160,238

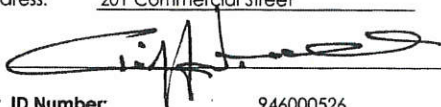
13. Certification - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County 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:  Date: 9/30/20

16. Federal Employer ID Number: 946000526

(FOR Cal OES USE ONLY)

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

Certified by: <u>Mary Rucker</u> 1/7/2021 (Cal OES Fiscal Officer) (Date)	Designated by: <u>Heather Carlson</u> 1/7/2021 (Cal OES Director or Designee) (Date)
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ENY: 2020-21 Chapter: 6 SL: 18408
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21
 Fund: Federal Trust AL#: 16.575
 Program: County Victim Services Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES18VOCA000012
 SC: 2020-18408 Amount: \$ 74,013

ENY: 2020-21 Chapter: 6 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: County Victim Services Program
 Match Req.: 20%, C/IK based on TPC-Partial Match Waived
 Project ID: OES19VOCA000012
 SC: 2020-18409 Amount: \$ 74,013

DS
 JH

RECEIVED

OCT 01 2020

BY: 718980