

# RESOLUTION No. 21-028

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION ACCEPTING A GRANT FROM THE CALIFORNIA OFFICE OF EMERGENCY SERVICES GRANT AWARD XC20030290 FOR THE NEVADA COUNTY VICTIM SERVICES PROGRAM IN THE AMOUNT OF \$148,026.00 FOR THE PERIOD OF JANUARY 1, 2021 TO DECEMBER 31, 2021 AND AUTHORIZING THE DISTRICT ATTORNEY TO EXECUTE THE AGREEMENT

WHEREAS, the California Office of Emergency Services (Cal OES) has awarded the County of Nevada District Attorney's Office Federal Victim of Crime Act (VOCA) Grant funds; and

WHEREAS, the Cal OES grant award is comprised of Federal VOCA funds in the amount of \$148,026.00, and have been made available for the grant period of January 1, 2021 to December 31, 2021; and

WHEREAS, these funds will be used to provide comprehensive services to victims and witnesses of crime as specified in the California Penal Code Sections 13835-13835.5.

NOW, THEREFORE, BE IT FURTHER RESOLVED the Board of Supervisors of the County of Nevada, State of California, accepts the California Office of Emergency Services grant for Nevada County Victim Services Program in the amount of \$148,026, for the grant period of January 1, 2021 to December 31, 2021, which shall be deposited into District Attorney Revenue Account 0101 50608 203 1000 447700.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 9th day of February, 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

(Cal OES Use Only) (15) (25) mbe

Cal OES #	057-0000-16	FIPS #	057-0000	VS#		Subaward #	X620 03 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: Nevada County - District Attorney Office 2a. DUNS#: 010979029 mbe
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							
<b>Total</b>	<b>Project</b>	<b>Cost</b>		\$148,026	\$148,026		\$12,212	\$12,212	\$160,238

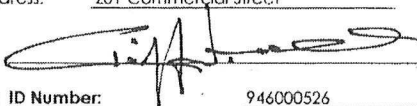
**13. Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County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

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.

<p><u>Mary Rucker</u> <u>1/7/2021</u> (Cal OES Fiscal Officer) (Date)</p>	<p><u>Heather Carlson</u> <u>1/7/2021</u> (Cal OES Director or Designee) (Date)</p>
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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

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BY: 718980

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