

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

This Grant Subaward Face Sheet summarizes the Grant Subaward for **VV25022601**

The full Grant Subaward includes all application information provided by the Subrecipient, all attestations, and requirements included in the Program Supplemental. Subrecipients can access, download, and print the full Grant Subaward in the Grants Central System.

- 1. **Subrecipient** County of Nevada - District Attorney's Office **1a. UEI#:** QDDBKGRJTRL5
- 2. **Implementing Agency:** District Attorney
- 3. **Location of Project/Services:** Nevada City Nevada County 95959-2506
(City) (County) (Zip+4)
- 4. **Program:** Violence Against Women Vertical Prosecution - VV25
- 5. **Grant Subaward Performance Period/Period of Performance:** 1/1/2026 to 12/31/2026
- 6. **Indirect Cost Use: 15% De Minimis** **Federally Approved ICR (if applicable): %**

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
2024	2024 STOP		\$125,000	\$125,000	\$41,667	\$0	\$41,667	\$166,667
2025	2025 STOP		\$77,545	\$77,545	\$25,848	\$0	\$25,848	\$103,393
	Total Project Cost		\$202,545	\$202,545	\$67,515	\$0	\$67,515	\$270,060

Authorized Agent

Federal Employer Identification #: 94-6000526

<u>Michelle Donovan</u>	<u>Administrative Analyst</u>	<u>Michelle Donovan</u>	<u>11/13/2025</u>
Name	Title	Signature	Date
<u>201 COMMERCIAL ST</u>	<u>NEVADA CITY</u>	<u>95959-2506</u>	
Payment Mailing Address	City	ZIP Code	

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

<u>Jennifer McIntire</u>	<u>12/4/2025</u>	<u>Mary Rucker</u>	<u>12/10/2025</u>
Cal OES Fiscal Officer	Date	Cal OES Director or Designee	Date

Awarding Official Contact - Cal OES			
Name	Title	Address	Phone
Nancy Ward	Director	3650 Schriever Avenue, Mather CA 95655	916-845-8506

Program Description
The purpose of the Program is to improve the criminal justice systems processing of violent crimes against women through a coordinated, multi-disciplinary, prosecutorial response, including specialized units with a highly qualified prosecutor and victim advocate.

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	2024 STOP	2025 STOP
State/Federal	Federal	Federal
ENY	2025	2025
Chapter #	4	4
Service Location	18414	18415
Item #	0690-102-0890	0690-102-0890
State Budget Program #	161	161
FAIN	15JOVW-24-GG-00570-STOP	15JOVW-25-GG-00017-STOP
Performance Period	07/01/24 - 06/30/27	07/01/25 - 06/30/27
State Budget Fund	Federal Trust Fund	Federal Trust Fund
Assistance Listing	16.588	16.588
Program	Violence Against Women Vertical Prosecution - VV25	Violence Against Women Vertical Prosecution - VV25
Match Required	Yes	Yes
Project ID	OES24STOP00001 2	OES25STOP00001 2
Amount	\$125,000	\$77,545
Speed Chart	2025-18414	2025-18415
Grantor	Office on Violence Against Women	Office on Violence Against Women
Federal Award Date	09/30/2024	08/18/2025
Research & Development Program	No	No

Application Information Form

Program:

Violence Against Women Vertical Prosecution - VV25

Grant Subaward Performance Period:

01/01/2026 to *12/31/2026*

Subrecipient:

County of Nevada - District Attorney's Office

Subrecipient UEI:

QDDBKGRJTRL5

Subrecipient Federal Employer ID:

94-6000526

Implementing Agency:

District Attorney

Payment Address**Primary Location of Project/Services****Address**

201 COMMERCIAL ST

City:

Nevada City

Address 2**County:**

Nevada County

Zip Code:

95959-2506

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2024 STOP.pdf	<input checked="" type="checkbox"/> *
Federal Fund Grant Subaward Assurances - 2025 STOP.pdf	<input checked="" type="checkbox"/> *
Program Standard Assurance Addendum	<input checked="" type="checkbox"/> *
Standard Certification of Compliance	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

Subrecipient expends \$1,000,000 or more in federal funds annually.

Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? * Yes No

Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2024 STOP	2024	Federal	\$125,000	\$41,667	\$166,667	\$125,000	\$41,667	\$0	\$166,667
2025 STOP	2025	Federal	\$77,545	\$25,848	\$103,393	\$77,545	\$25,848	\$0	\$103,393
			\$202,545	\$67,515	\$270,060	\$202,545	\$67,515	\$0	\$270,060

Budget Cost Categories

Cost Form Selection(s)

- Personnel Costs
- Volunteer Costs
- Contractor/Consultant Costs
- Rent Costs
- Travel Costs
- Equipment Costs
- Financial Assistance For Client's Costs
- Second-Tier Subward Costs
- Audit Costs
- Indirect Costs
- Other Operating Costs

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *****.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Advocate - .51 FTE Cash Match

Description *

The NCDA will provide a cash match for 51% of an advocate's time on VV cases. This Advocate will provide crisis intervention, court accompaniment, resource and referral assistance, criminal justice system orientation, and victim compensation claims assistance. Salary rate \$32.377 x 1064 hours = \$34,450

<input checked="" type="checkbox"/> Hourly			<input type="checkbox"/> Salary	
Pay per Hour *	Number of Hours/Week *	Number of Weeks *	Hours of Full-Time Workweek *	

\$32.38	20.46	52.00	40.00
Full-Time Equivalent in Hours		FTE	Salary Calculation Total

2,080	51.15%	\$34,450	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this position provide benefits? *		Benefits Calculation		

Benefits Percentage *

95.98 %

Benefits Description *

Benefit rate \$31.078 x 1064 hours = \$33,068

Calculation Total (Includes Benefits if provided)

\$67,515

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation		Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 STOP	2024	Federal	\$0	\$41,667		\$41,667	\$41,667			Not Applicable
2025 STOP	2025	Federal	\$0	\$25,848		\$	\$25,848			Not Applicable
						\$0	\$67,515		\$0	\$67,515

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *****.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Deputy District Attorney .50 FTE

Description *

This will cover 50% of a highly qualified prosecutor's salary and benefits. This prosecutor will have a limited caseload of only VV cases. Salary \$65.52 x 1040 hours = \$68,141

Hourly

Salary

Pay per Hour * **Number of Hours/Week *** **Number of Weeks *** **Hours of Full-Time Workweek ***

\$65.52 20.00 52.00 40.00

Full-Time Equivalent in Hours **FTE** **Salary Calculation Total**

2,080 50.00% \$68,141 Yes No

Benefits Calculation

Benefits Percentage *

61.24 %

\$41,729

Benefits Description *

Benefit rate \$40.124 x 1040 hours = \$41,729

Calculation Total (Includes Benefits if provided)

\$109,870

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Requirements	Federal Fund
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2024 STOP	2024	Federal	\$67,805	\$		\$0	\$67,805			<i>Not Applicable</i>
2025 STOP	2025	Federal	\$42,065	\$		\$0	\$42,065			<i>Not Applicable</i>
			\$109,870			\$0		\$0	\$0	\$109,870

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *****.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

District Attorney Investigator .25 FTE
Description *

This line item covers 25% of an investigators time to the grant. This investigator will dedicate 25% of his time to investigations related solely to the VV caseload. Salary rate \$71.08 x 520 hours = \$36,961.60

<input checked="" type="checkbox"/> Hourly			<input type="checkbox"/> Salary	
Pay per Hour *	Number of Hours/Week *	Number of Weeks *	Hours of Full-Time Workweek *	
\$71.08	10.00	52.00	40.00	
Full-Time Equivalent in Hours	FTE	Salary Calculation Total		

2,080	25.00%	\$36,962	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this position provide benefits? *		Benefits Calculation		

Benefits Percentage *	
64.65 %	\$23,896

Benefits Description *

Benefit rate \$45.954 x 520 hours = \$23,896
Calculation Total (Includes Benefits if provided)

\$60,858

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Requirements	Federal Fund
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2024 STOP	2024	Federal	\$30,429	\$		\$0	\$30,429			<i>Not Applicable</i>
2025 STOP	2025	Federal	\$30,429	\$		\$0	\$30,429			<i>Not Applicable</i>
			\$60,858			\$0		\$0	\$0	\$60,858

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item

15% De minimis

Indirect Cost Rate

15% De Minimis

Description/Justification

15% de minimis of administrative costs and overhead associated with the grant.

Calculation Method

15% de minimis of \$238,243 = \$35,736.45, only claiming \$31,817

Calculation Total

\$31,817

Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	
2024 STOP	2024	Federal	\$26,766			\$0	\$26,766		
2025 STOP	2025	Federal	\$5,051			\$0	\$5,051		
			\$31,817	\$0	\$0	\$0	\$31,817		

Application Signatures Form

Assurances/Signatures

Proof of Authority/Governing Body Resolution *

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.

Upload Proof of Authority/Governing Body Resolution *

Resolution Designation Letter.pdf

Standard Certification of Compliance *

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Program Standard Assurance Addendum *

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances *

By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

California Public Records Act *

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: 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.

Upload California Public Records Act Exemption

Authorized Agent

Name: *Michelle Donovan*
Signature: *Michelle Donovan*

Title: *Administrative Analyst*
Date: *11/13/2025*