



January 10, 2019

Christopher Walsh, Assistant District Attorney  
Nevada County  
201 Commercial Street  
Nevada City, CA 95959

Subject: **NOTIFICATION OF APPLICATION APPROVAL**  
Victim/Witness Assistance Program  
Subaward #: VW18 32 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 \$247,922, 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](http://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#	057-00000-110	FIPS#	057-00000-1	VS #		Subaward #	VW18320290
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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), makes a Grant Subaward of funds set forth to the following:

<b>1. Subrecipient:</b> <u>County of Nevada</u>	<b>1a. DUNS#:</b> <u>010979029</u>
<b>2. Implementing Agency:</b> <u>Nevada County District Attorney</u>	<b>2a. DUNS#:</b> <u>010979029</u>
<b>3. Implementing Agency Address:</b> <u>201 Commercial Street</u> <u>Nevada City</u>	<u>95959-2506</u>
Street	City Zip+4
<b>4. Location of Project:</b> <u>Nevada City</u>	<u>Nevada</u> <u>95959-2506</u>
City	County Zip+4
<b>5. Disaster/Program Title:</b> <u>Victim Witness Assistance Program</u>	<b>6. Performance Period:</b> <u>10/01/18</u> to <u>09/30/19</u>

**7. Indirect Cost Rate:**  N/A;  10% de minimis;  Federally Approved ICR \_\_\_\_\_ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2018	8. VOCA		\$ 15,494		\$ 3,874		\$ 3,874	\$ 19,368
2017	9. VOCA		\$ 207,900			\$ 27,447	\$ 27,447	\$ 235,347
2018	10. VVAO	\$ 24,528			\$ 0		\$ 0	\$ 24,528
Select	11. Select						\$ 0	\$ 0
Select	12. Select						\$ 0	\$ 0
	<b>TOTALS</b>	\$ 24,528	\$ 223,394	\$ 247,922	\$ 3,874	\$ 27,447	\$ 31,321	<b>12. G Total Project Cost:</b> \$ 279,243

**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.

<b>15. Official Authorized to Sign for Subrecipient:</b>	<b>16. Federal Employer ID Number:</b> <u>946000526</u>
Name: <u>Clifford H. Newell</u>	Title: <u>District Attorney</u>
Telephone: <u>(530) 265-1301</u> (area code)	FAX: <u>(530) 478-1871</u> (area code)
	Email: <u>Clifford.Newell@co.nevada.ca.us</u>
Payment Mailing Address: <u>201 Commercial Street</u>	City: <u>Nevada City</u> Zip+4: <u>95959-2506</u>
Signature:	Date: <u>12/11/2018</u>

**(FOR Cal OES USE ONLY)**

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

<u>Mary Rucker</u>	<u>1/4/19</u>	<u>[Signature]</u>	<u>1-7-19</u>
Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date

Yr: 2018-19 / Chapter: 29/ PCA No: 18408  
Item: 0690-102-0890 Component: 40.20.451  
FAIN #: 2018-V2-GX-0029 CFDA#: 16.575  
Federal Award Dates: 10/01/17-09/30/21  
Fund: Federal Trust  
Program: Victim/Witness Assistance Program  
Match Req.: 20% C/IK based on TPC  
Project No.: 18VOCA Amount: \$ 15,494

Yr: 2018-19 / Chapter: 29/ PCA No: 14300  
Item: 069-101-0903 Component: 40.20.101  
FAIN #: N/A CFDA#: N/A  
Federal Award Dates: N/A  
Fund: State Penalty Fund  
Program: Victim/Witness Assistance Program  
Match Req.: N/A  
Project No.: 18VVAO Amount: \$ 24,528

VIA

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Yr: 2018-19 / Chapter: 29/ PCA No: 18407  
Item: 0690-102-0890 Component: 40.20.451  
FAIN #: 2017-VA-GX-0084 CFDA#: 16.575  
Federal Award Dates: 10/01/16-09/30/20  
Fund: Federal Trust  
Program: Victim/Witness Assistance Program  
Match Req.: 20% C/IK based on TPC-Match met by VVA Funds  
Project No.: 17VOCA Amount: \$ 207,900

mail log#  
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