



August 23, 2022

Robert Burns, Assistant District Attorney  
Nevada County  
201 Commercial Street  
Nevada City, CA 95959-2506

Subject: Notification of Grant Subaward Application Approval  
Victim/Witness Assistance Program  
Grant Subaward #: VW22 36 0290

Dear Robert Burns:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$287,913, subject to Budget approval. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant 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 the 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 funds owed as a result of a close-out or audit, must be refunded to Cal OES within 30 days upon receipt of an invoice.

Please contact your Program Specialist, Tosha Enos, at (916) 845-8139 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file  
Program Specialist

Cal OES #	U57-00000-0016	FIPS #	U57-00000	VS#	Subaward #	VW22 36 0290
-----------	----------------	--------	-----------	-----	------------	--------------

## 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. UEI#: 01077029 QDDBKGRJTRL5

2. **Implementing Agency:** Nevada County - Office of the District Attorney 2a. UEI#: QDDBKGRJTRL5

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

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

5. **Disaster/Program Title:** VW - Victim/Witness Assistance Program 6. **Performance/Budget Period:** 10/1/2022 to 9/30/2023  
(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.	2020	VOCA		\$150,000					\$150,000
9.	2022	VOCA		\$113,425					\$113,425
10.	2022	VWA0	\$24,488						\$24,488
11.	Select	Select							
12.	Select	Select							
<b>Total</b>	<b>Project</b>	<b>Cost</b>	<b>\$24,488</b>	<b>\$263,425</b>	<b>\$287,913</b>				<b>\$287,913</b>

**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: Jesse Wilson Title: District Attorney

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

Signature:  Date: 5-13-22

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.

DocuSigned by: Mary Rucker 8/23/2022  
(Cal OES Fiscal Officer) (Date)

DocuSigned by: Heather Carlson 8/23/2022  
(Cal OES Director or Designee) (Date)

ENY: 2022-23 Chapter: 43 SL: 18400  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: 2020-V2-GX-0031 10/01/19-09/30/24  
Fund: Federal Trust AL#: 16.575  
Program: Victim/Witness Assistance Program  
Match Req.: 20%, C/IK based on TPC-Match Waived  
Project ID: OES20VOCA000012  
SC: 2022-18400 Amount: \$ 150,000

Mail Log # 758456

DS

JH

DS

DS

**RECEIVED**

**By Tosha Enos at 1:04 pm, Jul 01, 2022**

ENY: 2022-23 Chapter: 43 SL: 18402  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: TBD 10/01/21-09/30/25  
Fund: Federal Trust AL#: 16.575  
Program: Victim/Witness Assistance Program  
Match Req.: 20%, C/IK based on TPC-Match Waived  
Project ID: OES22VOCA000012  
SC: 2022-18402 Amount: \$ 113,425

ENY: 2022-23 Chapter: 43 SL: 14300  
Item: 0690-101-0903 Pgm: 0385  
Fund: State Penalty Fund  
Program: Victim/Witness Assistance Program  
Match Req.: None  
Project ID: OES22VWA0000000  
SC: 2022-14300 Amount: \$ 24,488