



January 24, 2018

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

Subject: **NOTIFICATION OF APPLICATION APPROVAL**  
Victim/Witness Assistance Program  
Subaward #: VW17 31 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 \$217,184, 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# 057-00000-10 FIPS# 057-00000 VS#  Subaward # VW17310290

## 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:

1. Subrecipient: County of Nevada
2. Implementing Agency: Nevada County District Attorney
3. Implementing Agency Address: 201 Commercial Street Nevada City Nevada 95959-2506
4. Location of Project: Nevada City Nevada 95959-2506
5. Disaster/Program Title: Victim/Witness Assistance Program
6. Performance Period: 10/01/2017 to 09/30/2018
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
8. VOCA			\$ 180,818			8839	8839	189,657
9. VAWA-VWAD	\$ 36,366					\$ 8,838	\$ 8,838	\$ 180,818
10. Select							\$ 0	\$ 45,204
11. Select							\$ 0	\$ 0
12. Select							\$ 0	\$ 0
TOTALS	\$ 36,366	\$ 180,818	\$ 217,184	\$ 0	\$ 8,838	\$ 8,838	\$ 226,022	

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:

16. Federal Employer ID Number: 946000526

Name: Clifford H. Newell

Title: Nevada County District Attorney

Telephone: (530) 265-1301  
(area code)

FAX: (530) 478-1871  
(area code)

Email: Clifford.Newell@co.nevada.ca.us

Payment Mailing Address: 201 Commercial Street

City: Nevada City Zip+4: 95959-2506

Signature: [Signature]

Date: December 27, 2017

(FOR Cal OES USE ONLY)

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

Cal OES Fiscal Officer [Signature]

Date 1/23/18

Cal OES Director (or designee) [Signature]

Date 1/23/18

For: 2017-18 / Chapter: 14/  
tem: 0690-102-0890  
AIN #: 2016-VA-GX-0057  
ederal Award Dates: 10-01-15 - 09-30-19  
und: Federal Trust  
rogram: Victim/Witness Assistance Program  
atch Req.: 20% C/K on TPC-Met by VWA/Partial Local Match  
oject No.: 16VOCA  
Amount: \$ 180,818

2017-18 / Chapter: 14/  
r: 0690-101-0903  
N #: N/A  
ral Award Dates: N/A  
i: State Penalty Fund  
ram: Victim/Witness Assistance Program  
h Req.: None  
ct No.: 17VWA0  
Amount: \$ 36,366

ML #: V42850