



December 26, 2017

Christopher Walsh Assistant District Attorney Nevada County - Office of the District Attorney 201 Commercial Street Nevada City, CA 95959

Subject:

Approval of Subaward Amendment #1

County Victim Services Program Subaward #: XC16 01 0290

Dear Mr. Walsh:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed subaward amendment request, for the subject grant.

All other agreements shall remain as previously agreed upon.

Please contact your Program Specialist if you have any questions about this amendment.

VSPS GRANTS PROCESSING

Enclosure

c: Subrecipient file Program Specialist



CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

GRANT SUBA	WARD AMEND	MENT			SUBAV	VARD#: XC	01601029	0	
ederal Grant #	2015-VA-6X-	2058	FIPS#	057-00000	1		Amendme	nt# 1	
roject # N/A		010979029		Performan	ce Period	07/01/201	16 to	12/31/2019	
	is between the Cal		r's Office	of Emergency	Services,	hereafter o	alled Cal O	ES, and the	
Stant Subrecipie	it. Nevada Court	y							
Grant Subaward	XC16010290 be	tween the part	ies heret	o is hereby a	amended	to:			
Increase the 2017 VOCA funds by \$143,809 from \$ 0 to \$143 increase the 2017 VOCA match by \$35,952 from \$ 0 to \$35,952 increase the Total Project Cost by \$179,761 from \$247,474 to					235.		SE	P 06 2017 36934	
Change the Perf	ormance Period	of Subaward fr	om 6/30/	18 to 12/31/	19		EV.	3 1 3 1	
	DITIONS: funds in the amo 30/18 and the fina					e amount	of \$49,49	5 must be	
	funds in the amo /31/2019 and the					e amount	of \$35,95	2 must be	
All other provision	ons of this agreen	nent shall rema	ain as pre	viously agre	ed upon.				
	Sub	recipient (Certif	ication ar	d Signature	of Authori	zed Agent)			
By (Authorized Signa	iture)			Date	,		- 14		
				100	Curjust 25 Dol't				
Printed Name / Clifford Newell					Title District Attorney				
Address				Distric	Allome	y			
201 Commercia	Street	N	evada Ci	tv. CA 959	959				
or commorcia		or's Office of En				se only)			
By Director or Design				Date	pr. 21				
toletha 8	South-			12	.21.17				
Printed Name	100 612			Title	Ass	istant Di	rector		
Taby	11-11-	Program/Comp	opent	Matc		NO LEI THE DE	Item		
143,0	by this Document	40.20				asedon		102-0891	
rior Amount Encum					Chapter	Statute		Fiscal Year	
197,0		deral	Trus	1	23/1	1 2016	12011	2017-18	
Total Amount Encun	bered to Date	PCA#	1	Project				CFDA#	
301.78	30	18405	11841	7/151	IOCA	1740	CA	16.575	
0-11170									
hereby certify upor	my own personal kno	wiedge that budge	eted funds a	re available for	the period a	nd purpose o	f the expend	iture stated above	
hereby certify upor Signature of Cal OES		wledge that budge	eted funds a	re available for Date	the period a	nd purpose o	f the expend	iture stated abov	