

**INSURANCE COMMISSIONER  
OF THE STATE OF CALIFORNIA**

**GRANT AWARD AGREEMENT**

Fiscal Year 2019-20

**Workers' Compensation Insurance Fraud Program**

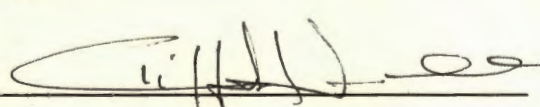
The Insurance Commissioner of the State of California hereby makes an award of funds to **Nevada County**, Office of the District Attorney, in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this agreement and the application for the grant and made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant program in accordance with all applicable statutes, regulations, and Request-for-Application (RFA).

**Duration of Grant:** The grant award is for the program period **July 1, 2019** through **June 30, 2020**.

**Purpose of Grant:** This grant award is made pursuant to the provisions of California Insurance Code Section 1872.83 and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation insurance fraud cases.

**Amount of Grant:** The grant award agreed to herein is in the amount of **\$97,726**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Section 62.6 of the Labor Code. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code Section 13000 et seq. The grant award shall be distributed pursuant to Section 1872.83 of the Insurance Code and the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

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| <p>Official Authorized to Sign for Applicant/Grant Recipient</p><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Name: Clifford Newell<br/>Title: District Attorney</p> <p>Address: 201 Commercial Street<br/>Nevada City, CA 95959</p> <p>Date: <u>Sept 9, 2019</u></p> | <p><b>RICARDO LARA</b><br/>Insurance Commissioner</p><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Name: <b>George Mueller</b><br/>Title: Deputy Commissioner</p><br><p>Date: _____</p> |
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I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

\_\_\_\_\_  
Crista Hill, Budget Officer, CDI

\_\_\_\_\_  
Date