

**INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA**

GRANT AWARD AGREEMENT

Fiscal Year 2025-26

Workers' Compensation Insurance Fraud Program

The Insurance Commissioner of the State of California hereby makes an award of funds to **Solano 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 is 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, the grant application, budget instructions, grant requirements, and fact sheets.

Duration of Grant: The grant award is for the program period **July 1, 2025** through **June 30, 2026**.

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 increased investigation and prosecution of workers' compensation fraud and of willful failure to secure payment of workers' compensation.

Amount of Grant: The total grant award agreed to herein is in the amount of **\$308,996**, which is comprised of a Base Award amount of **\$294,326** and an Additional Award amount of **\$14,670**. 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 Labor Code section 62.6. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to the Budget Act of 2025 (Chapter 4, Statutes of 2025). The grant award shall be distributed pursuant to Insurance Code section 1872.83 and the California Code of Regulations Subchapter 9, Article 3, sections 2698.53, 2698.54, and 2698.57.

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| <p>Krishna A. Abrams District Attorney</p> <p>Signed by: <i>Jason Aguirre</i> 86C9D8ED7DEE4EA... Authorized Official</p> <p>Name: Jason Aguirre Title: Senior Staff Analyst</p> <p>Date: <u>8/20/2025</u></p> | <p>RICARDO LARA Insurance Commissioner</p> <p>DocuSigned by: <i>Crista Hill</i> 1DE71081B1ED4D7... Authorized Official</p> <p>Name: Crista Hill Title: Division Chief, Financial and Business Management Division</p> <p>Date: <u>10/6/2025</u></p> |
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I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of this expenditure as stated above.

Signed by:
Megan Clarke
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Megan Clarke, Chief Budget Officer,
Financial and Business Management Division

10/6/2025
Date