EDMUND G. BROWN JR. GOVERNOR



MARK S. GHILARDUCCI DIRECTOR

June 15, 2016

Krishna A. Abrams, District Attorney Solano County 675 Texas Street, Suite 4500 Fairfield, CA 94533

Subject:

NOTIFICATION OF APPLICATION APPROVAL

Unserved/Underserved Victim Advocacy & Outreach Program

Subaward #: XV15 01 0480, Cal OES ID: 095-00000

Dear Ms. Abrams:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$350,000, 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.

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

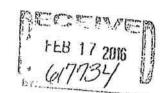
c: Subrecipient's file

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(Cal OES Usa Only)		11-	
Cal.OES# 1995 (10010) 10 FIPS# 1995 (10000 VS#	Subaward#	XV1501	OK 80-

# CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The Ca	difornia Governor	a Office of Emerg	gency Services	(Cal OES), mak	es a Grant Sub	award of funds set	forth to the follo	wing:
1. <b>8</b> ubi	recipient: Coun	ty of Solano					1a. DUNS	#: 043278352
2. Impl	ementing Agend	y: Solano Count	y District Attorne	y's Office			2a. DUNS	#: 043.2783
3. Impl	ementing Agenc	y Address: 67	5 Texas St. Sulte	4500		Fairfleid		94533-8340
4. Loca	ation of Project:	Vallejo	S	Ireel	Solano	City	410	21p+4 94633-8340
5. Disa	ster/Prog <i>r</i> am Tit	le: Unserved/Un	City derserved Victim	Advocacy And O	ulreach Program	County 6, Performance	Period: 04/01/16	Zip+4 g c <sup>(2)</sup> to 03/31/1/
7. indir	ect Cost Rate: [	☑N/A; ☐10% (	de minimis; [	Federally Ap	proved ICR	%	(A	
Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2015	8. VOCA		\$-1.75 <sub>1</sub> 999	13	*\$-43,75	0	<u>\$43,760</u>	\$,218,750
Select	g, Select		\$350,000		\$87,500		# 87,500 \$0	#437.500 AT
Select	10. Select						\$0	10
Select	11. Select						\$0	\$0
	12, TOTALS	\$ 0	350496,000	359 5175,000	87,500 A3,750	\$ 0	187, 522,760	12. G Total Project Cost:
	ngent on the enacti Icial Authorized			1	5. Pederal Em	ployer ID Numbe	r: 94-6000538	1
Name:	Krishna A. Abra	ıms				rict Attorney		
Telepho		i	FAX: 2	707-784-8838	Em	ail: KAbrams@s	olanocounty.com	
Pavmei	area coo nt Mailing Addres	·	Sulte 4500	(area code)	City: Fairf	ield	Zip	<i>⊾a.</i> 94533-6340
Signatu	$\mathcal{L}$	ushua l	a OBra		Da	te: 2/15/1	I P	
		STATE OF STATE		[FOR Cal OES L	JSE ONLYI	1	H	
hereby	certify upon my ow	n personal knowled	dge that budgete	1 1	ble for the perior	and purposes of th	is expenditure sta	ted appive.
	DES Flacal Officer		XX u	Date	Calo	ES Director (ur desig	inee)	Date Date
Yr: 201 Item: 00 PAIN # Federal Fund: F Program Match 1	5-16 / Chapter: 10/690-101-0890; 2015-VA-GX-0058 Award Dates: 10/01/ederal Trust in Unterval/Uniterwaved Viceasi Seq.:20%, C/IK based No.:15VOCA	Component: 40.2 CFDA#: 16.575 /14-09/30/18	0,45 ( 5 ?r'ogrami		مور			



## CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES SUPPLEMENTAL GRANT SUBAWARD INFORMATION

#### 1. Cal OES Contact Information Section:

Governor's Office of Emergency Services Mark S. Ghilarducci, Director 3650 Schriever Avenue Mather, CA 95655 (916) 845-8506 phone • (916) 845-8511 fax

#### 2. Federal Awarding Agency Section:

Fund Year	Federal Program Fund / CFDA #	Federal Awarding Agency	Total Federal Award Amount	Total Local Assistance Amount	
2015	Victims of Crime Act (VOCA) / 16.575	Office for Victims of Crime	\$232,722,931	\$223,414,013	
Choose an item.	Choose an item,	Choose an item,	\$	\$	
Choose an Item.	Choose an item.	Choose an item.	\$	\$	
Choose an item.	Choose an item.	Choose an item.	\$	\$	
Choose an item.	Choose an item.	Choose an item.	\$	\$	

#### 3. Project Description Section:

- Project Acronym (Please choose from drop down)
   Unserved/Underserved Victim Advocacy and Outreach Program 2 year Funding (XV)
- Project Description (Please type the Project Description):

XV Underserved/Unserved Victim Advocacy and Outreach Program - 2 year Funding Provides funding to focus on advocacy and support services to victims of violent crime within unserved/underserved communities.

4.	Research	& Devel	opment	Section:
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1s this Subaward a Research & Development grant? Yes Light No Ki		Is this Subaward a Research & Development grant?	Yes 🗆	No ⊠
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### PROJECT CONTACT INFORMATION

Subreciplent:	County of Solano				Subaward a	#: XV15010480
Provide the namuse a PO Box a	e, title, address, telephone nun ddress, a street address is a	nber, and Iso requ	d e-mail a lired for p	ddress ackage	for the project con e delivery and site	tacts named below. NOTE: If you a visit purposes.
1. The Project	ct Director for the project:					2 mag 120m2200 11
Name	Krishna A. Abrams			Title:	District Attorr	пеу
Telephone #	707-784-6800	Fax#:	707-78	4-7986	Email Address:	KAbrams@solanocounty.com
Address/City/Zip	675 Texas St. Suite 4500,	Fairfiel	d CA 94	533		
2. The Finan	cial Officer for the project:					
Name:	Simona Padilla-Scholtens			Title:	Auditor-Control	ler
•	707-784-6280				Email Address:	SJPadilla@solanocounty.com
Address/City/Zip;	675 Texas St. Suite 2800,	гаппе	d CA 948	533		
3. The person	n having <u>Routine Program</u>	natic_re	sponsibi	lity for	the project:	
Name:	Sharon Henry			Title:	Chief Deputy D	District Attorney
Telephone #:	707-784-6800	Fax#:	707-784	-7986	Emall Address:	SSHenry@solanocounty.com
Address/City/Zip:	675 Texas St. Suite, 4500,	Fairfiel	d CA 948	533	PREK MES #	
4. The person	having <u>Routine Fiscal Re</u>	sponsil	bility for	the pro	oject:	
Name:	Jason Aguirre			Title:	Accountant	(84)
Telephone #:	707-784-3267	Fax#:	707-784	3267	Email Address:	JLAguirre@solanocounty.com
Address/City/Zlp:	675 Texas St. Suite 4500,	Fairfield	d CA 945	533		
5. The Execut superintend	ive Director of a Communit ent of schools) of the imple	y Baseo nenting	d Orgran agency:	ization	or the <u>Chief Ex</u>	ecutive Officer (i.e., chief of police,
Name:	Krishna A. Abrams			Title:	District Attorne	У
Telephone #:	707-784-6800	Fax#:	707-784	-7986	Email Address;	KAbrams@solanocounty.com
Address/City/Zip:	675 Texas St. Suite 4500,					
6. The Official or Commun	Designated by the Governity-Based Organization, as s	ing Boa tated in	rd to ent Section	er into 14 of t	the Grant Subas he Grant Subaw	sward for the City/County ard Face Sheet:
Name:	Krishna A. Abrams			Title:	District Attorney	
Telephone #:	707-784 <b>-</b> 6800	Fax#:	707-784	7986	Email Address;	KAbrams@solanocounty.com
\ddress/City/Zip;	675 Texas St. Suite 4500, F	airfield	CA 945	33		
7. The <u>chair</u> of	the <u>Governing Body</u> of the	subre	cipient:			
Name:	Erin Hannigan			Title:	Chairperson, S	olano County Board of Supervisors
	707-784-6100	Fax#;	707-784-	6662	Email Address:	EHannigan@solanocounty.com
.daress/City/Zip:	675 Texas St. Sulte 6500, F	ameid	CA 945	<b>33</b>		

Project Contact Information Cal OES 2-102 (Revised 7/2015)

### SIGNATURE AUTHORIZATION

	Subawar	d#: XV15010480
Subrecipient	County of Solano	
Implementing Agency:	Solano County District Att	torney's Office
*The Pro	ject Director and Financial Of	ficer are REQUIRED to sign this form.
*Project Director: Krish	nna A. Abrams	*Financial Officer; Simona Padilla-Scholtens, CPA
Signature:	show a alexan	- Signature Limina PSiBult
Date:	15/16	Date: 2/16/110
The following persons an Project Director	e authorized to sign for the	The following persons are authorized to sign for the Financial Officer
Amort	Val.	
Signature	X	Signature
Sharon S. Henry, Chie	of Deputy District Attorney	Sheila Turgo, Chief Deputy Auditor-Controller
Print Name		Print Name
MINEUXIN		Www.
Signature		Signature ( )
	min. Services Manager	
Print Name		Print Name
Signature		Signature
Print Name		Print Name
Signature		Signature
Print Name		Print Name
Signature		Signature
Print Name		Print Name

### CERTIFICATION OF ASSURANCE OF COMPLIANCE Victims of Crime Act (VOCA) Fund

١,	Krishna A. Ab				hereby certify that
	(official authorized	d to sign Subawa	rd; same person a	as Section 14 on Subaward Face S	heal)
ŞU	BRECIPIENT:	County of Sc	olano		
IMF	LEMENTING A	GENCY:	Solano Coun	ity District Attorney's Office	
PR	OJECT TITLE:	County	Victim Servic	es (XC) Program	• (400 mm / 1944 from 1944 mm /
is re (sta	esponsible for re te and/or federa	ovlewing the S II) as directed	<i>ubrecipient Ha</i> by Cal OES in	andbook and adhering to all cocluding, but not limited to, th	of the Subaward requirements e following areas:
ı.	Federal Gran	t Funds		· ·	
	audit pursuan	it to OMB Unif	orm Guldance	2 CFR Part 200, Subpart F	ually are required to secure an and are allowed to utilize federal reciplent Handbook for more
	☑ The abo	ve named Sub	precipient recei	lives \$750,000 or more in fec	leral grant funds annually.
	The abo	ve named Sub	recipient does	s not receive \$750,000 or mo	ore in federal grant funds annually
II.	Equal Employ	yment Oppor	tunity — (Subi	recipient Handbook Section	n 2151)
	discrimination ancestry, disa characteristics pregnancy dis	or harassmen blilty (mental s i), marital statu ability leave, o and faderal re	nt in employme and physical) ir us, sex, sexual or age (over 40 <b>equirements</b> i	ent because of race, religious ncluding HIV and AIDS, med I orientation, denial of family	ment opportunity by prohibiling creed, color, national origin, lical condition (cancer and genetimedical care leave, denial of a certify that they will comply int opportunity,
	Please provide	the following	information:		
	Equal Empl	oyment Oppo	rlunity Officer:	Charmle Junn	
	Title:	Equal Emplo	yment Opport	lunity Officer	
	Address:	675 Texas S	treet, Suite 18	00, Fairfield CA 94533	
	Phone:	707-784-617	0		
	Email:	CSJunn@so	lanocounty.co	m	(min

#### III. Drug-Free Workplace Act of 1990 - (Subrecipient Handbook, Section 2152)

The State of California requires that every person or organization subawarded a grant or contract shall certify it will provide a drug-free workplace.

## IV. California Environmental Quality Act (CEQA) – (Subrecipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (Public Resources Code, Section 21000 et seq.) requires all Cal OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

#### V. Lobbying - (Subrecipient Handbook Section 2154)

Cal OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

## VI. Debarment and Suspension – (Subrecipient Handbook Section 2155) (This applies to federally funded grants only.)

Cal OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency:

#### VII. Proof of Authority from City Council/Governing Board.

The above-named organization (Applicant) accepts responsibility for and will comply with the requirement to obtain a signed resolution from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

#### VIII. Civil Rights Compliance

The Subrecipient complies with all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

#### IX. Special Condition for Grant Subaward with Victims of Crime Act (VOCA) Funds

- Computer Network Requirement: The recipient understands and agrees that (a)
  No award funds may be used to maintain or establish a computer network unless
  such network blocks the viewing, downloading, and exchanging of pornography,
  and (b) Nothing In subsection (a) limits the use of funds necessary for any federal,
  state, tribal, or local law enforcement agency or any other entity carrying out
  criminal investigations, prosecution, or adjudication activities.
- Prohibit use of funds for ACORN and its subsidiaries: Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of OJP.
- Text Messaging Policy: Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages recipients and subrecipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
- Nondiscrimination in programs involving students: The recipient understands and agrees that award funds may not be used to discriminate against or denigrate the religious or moral beliefs of students who participate in programs for which financial assistance is provided from those funds, or of the parents or legal guardians of such students.
- Registration with the System for Award Management and Universal Identifier Requirements: The recipient agrees to comply with applicable requirements regarding registration with the System for Award Management (SAM) (or with a successor government-wide system officially designated by OMB and OJP). The recipient also agrees to comply with applicable restrictions on subawards to first-tier subrecipients that do not acquire and provide a Data Universal Numbering System (DUNS) number. The details of recipient obligations are posted on the Office of Justice Programs web site at http://www.ojp.gov/funding/sam.htm (Award condition: Registration with the System for Award Management and Universal Identifier Requirements), and are incorporated by reference here. This special condition does not apply to an award to an individual who received the award as a natural

person (i.e., unrelated to any business or nonprofit organization that he or she may own or operate in his or her name).

- VA OCFO Access: The Grantee authorizes Office for Victims of Crime (OVC) and/or the Office of the Chief Financial Officer (OCFO), and its representatives, access to and the right to examine all records, books, paper or documents related to the VOCA grant. The State will further ensure that all VOCA subgrantees will authorize representatives of OVC and OCFO access to and the right to examine all records, books, paper or documents related to the VOCA grant.
- Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct: The recipient must promptly refer to the DOJ OIG any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. This condition also applies to any subrecipients. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by mail: Office of the Inspector General, U.S. Department of Justice Investigations Division, 950 Pennsylvania Avenue, N.W., Room 4706, Washington, DC 20530; email: olg.holline@usdoi.gov; hotline: (contact information in English and Spanish): 800-869-4499; or hotline fax: 202-616-9881. Additional information is available from the DOJ OIG website at www.usdoi.gov/oig.

All appropriate documentation must be maintained on file by the project and available for Cal OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) violates the certification by falling to carry out the requirements as noted above.

CERTIFICATION
I, the official named below, am the same individual authorized to sign the Subaward [Section 14 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subreciplent to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.  Authorized Official's Signature:
Authorized Official's Typed Name: Krishna A. Abrams
Authorized Official's Title: District Attorney
Date Executed: 5/23/1/a
Federal Employer ID #: 94-60000538 Federal DUNS # 043278352
Current Central Contractor Registration Expiration Date: 3/22/17
Executed in the City/County of: Solano
AUTHORIZED BY: (not applicable to State agencles)
City Financial Officer City Manager County Manager County Manager
Signature: Simone A Soll Buston
Typed Name: SImona Padilla-Scholtens, CPA
Title: Auditor-Controller

#### **BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: County of Solano			Subaward #: X V/150/0480				
A. Personal Services – Salaries/Employee Benefits	2015 VOCA	VOCA MATCH 15					COST
2.0 FTE Victim Witness Assistants Salary: 2.0 FTE: \$5332.64 x 52.2 PP Retirement(16.5% of sal):2.0 FTE: \$880.08x 52.2 PP FICA (7.7% of sal.): 2.0 FTE: \$407.97 x 52.2 PP Health Ins.(26.4% of sal):2.0 FTE: \$1409.66x52.2 PP Vision Ins. (0.25% of sal.): 2.0 FTE: \$12.87x52.2 PP Dental Ins. (1.9% of sal.): 2.0 FTE: \$94.71 x 52.2 PP Life Ins. (0.1% of sal.): 2.0 FTE: \$4.98 x 52.2 PP	\$276,364 \$45,940 \$21,296 \$4,400	\$73,585 \$671 \$544 \$260	æ		2		\$( \$278,364 \$45,941 \$21,299 \$73,581 \$67' \$4,944 \$266 \$(
		9.					\$( \$) \$( \$) \$( \$) \$( \$) \$( \$)
							\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
ersonal Section Totals	\$350,000	\$75,060	\$0	\$0	\$0	\$0	\$425,06



#### **BUDGET CATEGORY AND LINE ITEM DETAIL**

ubrecipient: County of Solano				Subaward #	XV150	10480	
B. Operating Expenses	2015 VOCA	VOCA MATCH 15	F)				совт
Entry Level Victim Witness Advocate Training Per dlem: \$48/day x 5 days x 2 staff = \$460 Lodging: \$90/night x 5 days x 2 staff = \$900  Dell OptiPlex 7040 MT Computers \$1985 each x 2 staff = \$3,970 HP Printers \$450 each x 2 staff = \$900		\$460 \$900 \$3,970 \$900					\$46 \$90 \$3,97 \$3,97
Printed Handouts & Brochures Tri-fold handout: \$0.23 each x 27,000 ct = \$6210		\$6,210					\$6,21
			1984).				
							\$ \$ \$ \$
erating Section Totals	\$0	\$12,440	\$0	\$0	\$0	\$0	\$12,44



#### **BUDGET CATEGORY AND LINE ITEM DETAIL**

ubrecipient: Solano County Distric	Subaward #: XV15010480						
C. Equipment	2015 VOCA	VOCA MATCH 15					COST
3							
			(16)				
				12			
				ĺ	l i		
40						ĺ	
	, as						
70 % 471	- 45	46					
uipment Section Totals	\$0	\$0	\$0	\$0	\$0	\$0	
QUIPMENT SECTION TOTAL	*************	000000000000	XXXXXXXXXXX	000000000000000000000000000000000000000	000000000000000000000000000000000000000		\$0
Category Totals	************	990000000000000000000000000000000000000	XXXXXXXXXXX	************	**********		
Same as Section 12G on the Grant Subaward Face Sheet	\$350,000	\$87,500	\$0	\$0:	\$0	\$0	
otal Project Cost	The second		" Heat 1	SECTION S	14 1 2 1 D 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the sa	××××××××××××××××××××××××××××××××××××××



## **VSPS Budget Summary Report**

Solano Cou	erved/Underserved Victim Advocacy & Outreach Program nty derserved Victim Advocacy and Outreach Program	Subaward #: XV15 01 0480 Performance Period: 04/01/16 - 03/31/18 Latest Request: , Not Final 201									
A. Personal Services - Salaries/Employee Benefits											
<u>F/\$/L</u>	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance					
F	15VOCA	350,000	0	350,000	0.	350,000					
L	15VOCA	75,060	0	75,060	0	75,060					
Total A. Pe	rsonal Services - Salaries/Employee Benefits:	425,060	0	425,060	o	425,060					
B. Operatin	g Expenses										
<u>F/S/L</u>	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance					
F	15VOCA	0	0	0	0						
Ţ	15VOCA	12,440	0	12,440	0	12,440					
Total B. Ope	erating Expenses:	12,440	0	12,440	o	12,440					
C. Equipme	<u>nt</u>										
F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance					
F	15VOCA	0	0	0	0	0					
Ĺ	15VOCA	0	0	0	0	0					
Total C. Equipment:		0	0	0	0	o					
		Budget Amount	Paid/Euraudad	Delana	D4f	B. E. B.L.					
Total Local	Match:	87,500	Paid/Expended  0	<u>Balance</u> 87,500	<u>Pending</u> 0	Pending Balance					
Total Funded:			-			87,500					
		350,000	0	350,000	0	350,000					
Total Proje	ct Cost:	437,500	0	437,500	0	437,500					