

(Cal OES Use Only)

Cal OES#		FIPS#		VS #		Subaward #	
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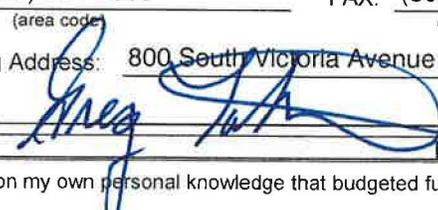
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

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 Ventura 1a. DUNS#: 06669112
2. **Implementing Agency:** District Attorney 2a. DUNS#: 066691122
3. **Implementing Agency Address:** 800 S. Victoria Avenue Ventura 93009-0001
Street City Zip+4
4. **Location of Project:** Ventura Ventura 93009-0001
City County Zip+4
5. **Disaster/Program Title:** County Victim Services XC Program 6. Performance Period: 7-1-16 to 6-30-18
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
Select	8. VOCA		\$ 793,763		\$ 198,441		\$ 198,441	\$ 992,204
Select	9. Select						\$ 0	\$ 0
Select	10. Select						\$ 0	\$ 0
Select	11. Select						\$ 0	\$ 0
Select	12. Select						\$ 0	\$ 0
	TOTALS	\$ 0	\$ 793,763	\$ 793,763	\$ 198,441	\$ 0	\$ 198,441	12. G Total Project Cost: \$ 992,204

13. 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. **Official Authorized to Sign for Subrecipient:** GREGORY D. TOTTEN 15. Federal Employer ID Number: 956000944
Name: GREGORY D. TOTTEN Title: District Attorney
Telephone: (805) 654-2500 FAX: (805) 654-3046 Email: greg.totten@ventura.org
(area code) (area code)
Payment Mailing Address: 800 South Victoria Avenue City: Ventura Zip+4: 93009-0001
Signature:  Date: 5/23/16
[FOR Cal OES USE ONLY]

I 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	Date	Cal OES Director (or designee)	Date
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September 1, 2016

Michael R. Jump, Director, Victim Services & Community Outreach
Ventura County
800 South Victoria Avenue
Ventura, CA 93009

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
County Victim Services Program
Subaward #: XC16 01 0560, Cal OES ID: 111-00000

Dear Mr. Jump:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$793,763, 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



(Cal OES Use Only)

Cal OES# <u>111-00000-00</u>	FIPS# <u>111-00000</u>	VS #	Subaward # <u>XC16 010560</u> (FM)
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City County Zip+4

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7. **Indirect Cost Rate:** N/A; 40% de minimis; Federally Approved ICR _____ %

2015 FM

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
Select	8. VOCA		\$ 793,763		\$ 198,441		\$ 198,441	\$ 992,204
Select	9. Select						\$ 0	\$ 0
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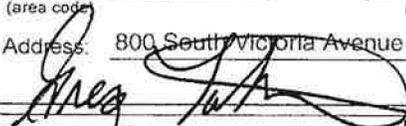
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Signature:  Date: 5/23/16

(FOR Cal OES USE ONLY)

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

Mary Rucker 8/31/16 Sara Stillwell 8/31/16
Cal OES Fiscal Officer Date Cal OES Director (or designee) Date

Yr: 2016-17 / Chapter: 23/ PCA No: 18405
 Item: 0690-102-0890 Component: 40.20.451
 FAIN #: 2015-VA-GX-0058 CFDA#: 16.575
 Federal Award Dates: 10/01/14-09/30/18
 Fund: Federal Trust
 Program: County Victim Services Program
 Match Req.: 20%, C/IK based on TPC
 Project No.: 15VOCA Amount: \$ 793,763

ML# 619453