

(Cal OES Use Only)					
Cal OES#		FIPS#		VS #	Subaward #

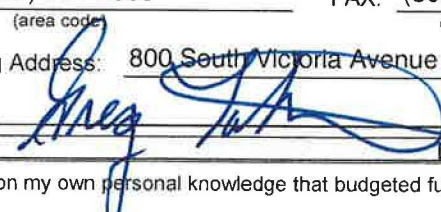
## CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

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
	<b>TOTALS</b>	\$ 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](http://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 Use Only)			
Cal OES#	111-00000-00	FIPS#	111-00000
VS #		Subaward #	XC16 010560

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

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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; ☒ 40% de minimis; ☐ Federally Approved ICR \_\_\_\_\_ %

2015

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

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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: [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.

Maury 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