



November 4, 2019

Michael R. Jump, Chief Deputy District Attorney-Program Director
Ventura County
800 South Victoria Avenue
Ventura, CA 93009-1

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Victim/Witness Assistance Program
Subaward #: VW19 38 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 \$1,012,921, 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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SM

(Cal OES Use Only)

Cal OES#	111-00000-22	FIPS#	111-00000	VS #		Subaward #	VW19 38 0560
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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#: 066691122
2. Implementing Agency: Ventura County District Attorney 2a. DUNS#: 066691122
3. Implementing Agency Address: 800 South Victoria Avenue Ventura 93009-2370
Street City Zip+4
4. Location of Project: Ventura Ventura 93009-2370
City County Zip+4
5. Disaster/Program Title: Victim/Witness Assistance Program 6. Performance Period: 10/01/2019 to 09/30/2020
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	
2018	8. VOCA		\$ 916,648				\$ 0	\$ 916,648	
2019	9. VWA0	\$ 96,273					\$ 0	\$ 96,273	
Select	10. Select							\$ 0	\$ 0
Select	11. Select							\$ 0	\$ 0
Select	12. Select							\$ 0	\$ 0
TOTALS		\$ 96,273	\$ 916,648	\$ 1,012,921	\$ 0	\$ 0	\$ 0	12. G Total Project Cost: \$ 1,012,921	

13. Certification - 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. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to Sign for Subrecipient: Gregory D. Totten Title: District Attorney

Name: Gregory D. Totten Telephone: (805) 654-2500 (area code) FAX: (805) 654-3046 (area code) Email: Greg.Totten@Ventura.org

Payment Mailing Address: 800 South Victoria Avenue City: Ventura Zip+4: 93009-2370

Signature: [Signature] Date: 8/13/19

[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.

[Signature] 10/31/19 [Signature] 11-1-19

Cal OES Fiscal Officer Date Cal OES Director (or designee) Date

ENY: 2019-20 Chapter: 23 SL: 18408
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21
 Fund: Federal Trust AL#: 16.575
 Program: Victim/Witness Assistance Program
 Match Req.: 20%, C/IK based on TPC-Match met by VWA Funds/Partial Match Waiver
 Project ID: OES18VOCA000012 Amount: \$ 916,648
 Activity ID: LA18408VOCA0000 SC: 2019-18408

ENY: 2019-20 Chapter: 23 SL: 14300
 Item: 0690-101-0903 Pgm: 0385
 Fund: State Penalty Fund
 Program: Victim/Witness Assistance Program
 Match Req.: None
 Project ID: OES19VWA0000000 Amount: \$ 96,273
 Activity ID: LA14300VWA000000 SC: 2019-14300

RECEIVED

AUG 17 2019

**CAL OES
GRANTS MANAGEMENT**