



April 20, 2020

Rachael Watkins, Victim Services Manager
Ventura County
3160 Loma Vista Road
Ventura, CA 93003-2970

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Child Advocacy Center Program
Subaward #: KC19 A3 0560, Cal OES ID: 111-00000

Dear Ms. Watkins:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$250,000, 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

Cal OES #	111-00000-22	FPS #	111-00000	VS#		Subaward #	KC 19 A3 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) hereby makes a Grant Subaward of funds to the following:

1. Subrecipient: County of Ventura 1a. DUNS#: 066691122
2. Implementing Agency: District Attorney - Ventura County 2a. DUNS#: 066691122
3. Implementing Agency Address: 800n South Victoria Avenue Ventura 93009-2370
(Street) (City) (Zip+4)
4. Location of Project: Safe Harbor East, 2639 Avenida Simi, Simi Valley CA Ventura 93065-1031
(City) (County) (Zip+4)
5. Disaster/Program Title: Child Advocacy Center Program 6. Performance Period: 04/01/20 to 03/31/20
(Start Date) (End Date)
7. Indirect Cost Rate: 10% de minimis Federally Approved ICR (if applicable): _____ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2018	VOCA		\$250,000		\$12,500		\$12,500	\$262,500
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total Project Cost				\$250,000	\$250,000	\$12,500		\$12,500	\$262,500

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:

Name: Gregory D. Totten Title: District Attorney

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

Signature: [Signature] Date: 2/3/2020

16. Federal Employer ID Number: 956000944

(FOR Cal OES USE ONLY)

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

[Signature] 4/15/2020
(Cal OES Fiscal Officer) (Date)

[Signature] 4/16/2020
(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: Child Advocacy Center Program
Match Req.: 20% C/IK based on TPC-Partial Match Waiver
Project ID: OES18VOCA000012
SC: 2019-18408 Amount: \$ 250,000

RECEIVED
FEB 07 2020
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