



PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS DIVISION  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PUBLIC SAFETY BRANCH  
3650 SCHRIEVER AVENUE  
MATHER, CALIFORNIA 95655  
TELEPHONE: (916) 324-6724  
FAX: (916) 324-9179



March 10, 2010

Patrick Zarate  
ADP Division Manager  
Ventura County  
1911 Williams Drive, Suite 200  
Oxnard, CA 93036

Dear Mr. Zarate:

**SUBJECT: NOTIFICATION OF APPLICATION APPROVAL**  
Offender Treatment Recovery Act Program (200902615)  
Award #: ZO09 01 0560  
Cal EMA ID#: 111-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$953,659, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at [www.calema.ca.gov](http://www.calema.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 EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

LEVS Grant Processing

Enclosure

c: Recipient's file

Cal EMA

111-00000

Award # 20-09-01-0560

# **CALIFORNIA EMERGENCY MANAGEMENT AGENCY** **GRANT AWARD FACE SHEET (Cal EMA 2-101)**

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

1. **Grant Recipient:** County of Ventura

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. **Implementing Agency:** Health Care Agency, Behavioral Health Department, Alcohol and Drug Programs

3. **Project Title:** Substance Abuse Offender Treatment Program 4. **Grant Period:** 10/01/09 to 03/31/11

\*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

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	5. Select						\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
09/10	9. JAGR		953,659 \$942,283				\$0	
	10. TOTALS	\$0	953,659 \$942,283	953,659 \$942,283	\$0	\$0	\$0	10. Grand Total: \$942,283 953,659

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. **Official Authorized to Sign for Applicant/Grant Recipient:** Federal Employer ID Number: 95-6000944

Name: Meloney Roy Elaine Augustine Title: Behavioral Health Department Director

Payment Mailing Address: 1911 Williams Drive, Suite 200 City: Oxnard Zip: 93036

Telephone: (805) 981-2214 FAX: (805) 981-2112 Email: Meloney.Roy@ventura.org  
(area code) (area code)

Signature: Elaine Augustine Date: 12-9-09

(FOR CalEMA 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.

CalEMA Fiscal Officer: AK

Date

CalEMA Director (or designee)

Date

Yr / Chapter: 2009-10 / 1 PCA No: 18459  
 Item: 0690-102-0890 Fed Cal. #: 16.804  
 Component: 40.30.560  
 Program: Substance Abuse Offender Treatment Recovery Act  
 Fund: Federal Trust  
 Match Req.: n/a  
 Project No.: 09JAGR

Amount: 953,659

