



January 26, 2023

Jonathan Raven, Chief Deputy District Attorney
Yolo County
301 Second Street
Woodland, CA 95695-3415

Subject: **Notification of Grant Subaward Application Approval**
Child Advocacy Center Program
Grant Subaward #: KC22 01 0570

Dear Jonathan Raven:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$200,000, subject to Budget approval. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant 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 the Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those funds owed as a result of a close-out or audit, must be refunded to Cal OES within 30 days upon receipt of an invoice.

Please contact your Program Specialist, Juliya Star, at (916) 845-8488 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file
Program Specialist

(Cal OES Use Only)

Cal OES #	113-00000-16	FIPS #	113-00000	VS#		Subaward #	KC22 01 0570
-----------	--------------	--------	-----------	-----	--	------------	--------------

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

MR

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:


- 1. Subrecipient: Yolo County 1a. UEI#: F9LL27DJFY4
- 2. Implementing Agency: Yolo County District Attorney 2a. UEI#: XS9DVURSITA5
- 3. Implementing Agency Address: 301 Second Street Woodland 95695-3415
(Street) (City) (Zip+4)
- 4. Location of Project: Woodland Yolo 95695-3415
(City) (County) (Zip+4)
- 5. Disaster/Program Title: KC - Child Advocacy Center Program
- 6. Performance/Budget Period: 4/1/2023 to 3/31/2024
(Start Date) (End Date)
- 7. Indirect Cost Rate: N/A 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.	2022	VOCA		\$200,000					\$200,000
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost		\$200,000	\$200,000				\$200,000

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: Jonathan Raven Title: Chief Deputy District Attorney
 Payment Mailing Address: 301 Second Street City: Woodland Zip Code+4: 95695-3415
 Signature:  Date: 8-22-22

16. Federal Employer ID Number: 946000548

(FOR Cal OES USE ONLY)	
Authorized by	Designated by
<u>Mary Rucker</u> 9A309886248486 (Cal OES Fiscal Officer)	<u>Heather Carlson</u> F78AD82C0BED440 (Cal OES Director or Designee)
<u>1/23/2023</u> (Date)	<u>1/24/2023</u> (Date)

ENY: 2022-23 Chapter: 43 SL: 18402
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 15POVC-22-GG-00708-ASSI 10/01/21-09/30/25
 Fund: Federal Trust AL#: 16.575
 Program: Child Advocacy Center Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES22VOCA000012
 SC: 2022-18402 Amount: \$ 200,000

ml # 767514



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County	Grant Subaward #: KC22 01 0570	
A. Personnel Costs - Line-item description and calculation	22 VOCA	Total Amount Allocated
<p><u>75% FTE Forensic Interview Specialist</u> Spanish-Speaking</p> <p>$\\$40.22/\text{hr} * 2080 \text{ hrs} * .75 = \\$62,743.20$</p> <p>Benefits @ 75.44% of salary = \$47,333 Benefits include: FICA/Medicare, Health Insurance, Retirement</p> <p>Total salaries & benefits $\\$62,743 + \\$47,333 = \\$110,076$ charging less</p> <p>Performs forensic interviews in both English & Spanish of child victim of sexual & physical abuse. Commercially Sexually Exploited Children (CSES) including after-hour responder, child witness to homicide, DV, and developmentally delayed adult victims of sexual assault</p>	\$110,000	\$110,000
<p><u>70% FTE CAC Program Manager</u></p> <p>$\\$39.91/\text{hr} * 2080 \text{ hrs} * .70 = \\$58,108.96$</p> <p>Benefits @ 59.91% of salary = \$34,813 Benefits include: FICA/Medicare, Health Insurance, Retirement</p> <p>Total salaries & benefits $\\$58,109 + \\$34,813 = \\$92,922$ charging less</p> <p>Oversees daily operations & services at Yolo County's CAC including coordination w/partnering agencies, direct services to survivors, case mgmt, case review, etc Responsible for referral assessment, review, and follow up w/partnering agencies</p>		
Personnel Costs Fund Source Totals	\$200,000	\$200,000
PERSONNEL COSTS CATEGORY TOTAL		\$200,000

✓

✓

✓

✓

TT



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County	Grant Subaward #: KC22 01 0570	
B. Operating Costs - Line-item description and calculation	22 VOCA	Total Amount Allocated
- no request -		
Operating Costs Fund Source Totals		
OPERATING COSTS CATEGORY TOTAL		



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County	Grant Subaward #: KC22 01 0570	
C. Equipment Costs - Line-item description and calculation	22 VOCA	Total Amount Allocated
- no request -		
Equipment Costs Fund Source Totals		\$0
EQUIPMENT COSTS CATEGORY TOTAL		\$0

Grant Subaward Totals - Totals must match the Grant Subaward Face Sheet	22 VOCA	Total Project Cost
Fund Source Totals	\$200,000	\$200,000

✓

TT

VSPS Budget Summary Report

KC22 Child Advocacy Center Program Yolo County Child Advocacy Center Program	Subaward #: KC22 01 0570 Performance Period: 04/01/23 - 03/31/24 Latest Request: , Not Final 201
---	--

A. Personal Services - Salaries/Employee Benefits

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	22VOCA	200,000	0	200,000	0	200,000
Total A. Personal Services - Salaries/Employee Benefits:		200,000	0	200,000	0	200,000

B. Operating Expenses

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	22VOCA	0	0	0	0	0
Total B. Operating Expenses:		0	0	0	0	0

C. Equipment

<u>F/S/L</u>	<u>Funding Source</u>	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	22VOCA	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
Total Local Match:	0	0	0	0	0
Total Funded:	200,000	0	200,000	0	200,000
Total Project Cost:	200,000	0	200,000	0	200,000