



December 9, 2022

Jonathan Raven, Chief Deputy District Attorney  
Yolo County  
301 2nd Street  
Woodland, CA 95695-3415

Subject:           **Notification of Grant Subaward Application Approval**  
County Victim Services Program  
Grant Subaward #: XC22 05 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 \$170,400, 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](http://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, Zarra Nadeem, at (916) 328-7475 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file  
Program Specialist

Cal OES #	113-00000-16	FIPS #	113-00000	VS#		Subaward #	XC22 05 0570
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## CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

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


- Subrecipient:** County of Yolo 1a. UEI#: F9LLL27DJFY4
- Implementing Agency:** Yolo County District Attorney's Office 2a. UEI#: XS9DVURSTA5
- Implementing Agency Address:** 301 2nd Street Woodland 95695-3415  
(Street) (City) (Zip+4)
- Location of Project:** Woodland Yolo 95695-3415  
(City) (County) (Zip+4)
- Disaster/Program Title:** XC - County Victim Services Program 6. Performance/  
Budget Period: 1/1/2023 to 12/31/2023  
(Start Date) (End Date)
- 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.	2020	VOCA		\$85,200					\$85,200
9.	2021	VOCA		\$85,200					\$85,200
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
<b>Total</b>	<b>Project</b>	<b>Cost</b>		<b>\$170,400</b>	<b>\$170,400</b>				<b>\$170,400</b>

**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 2nd Street City: Woodland Zip Code+4: 95695-3415  
 Signature:  Date: 9-29-22

16. Federal Employer ID Number: 946000548

**(FOR Cal OES USE ONLY)**

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

Mary Rucker 12/6/2022  
 (Cal OES Fiscal Officer) (Date)

Heather Carlson 12/6/2022  
 (Cal OES Director or Designee) (Date)

ENY: 2022-23 Chapter: 43 SL: 18400  
 Item: 0690-102-0890 Pgm: 0385  
 FAIN #: 2020-V2-GX-0031 10/01/19-09/30/24  
 Fund: Federal Trust AL#: 16.575  
 Program: County Victim Services Program  
 Match Req.: 20%. C/IK based on TPC-Match Waived  
 Project ID: OES20VOCA000012  
 SC: 2022-18400 Amount: \$ 85,200

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ENY: 2022-23 Chapter: 43 SL: 18401  
 Item: 0690-102-0890 Pgm: 0385  
 FAIN #: 15POVC-21-GG-00613-ASSI 10/01/20-09/30/24  
 Fund: Federal Trust AL#: 16.575  
 Program: County Victim Services Program  
 Match Req.: 20%. C/IK based on TPC-Match Waived  
 Project ID: OES21VOCA000012  
 SC: 2022-18401 Amount: \$ 85,200

Received by CalOES, Lorna Allen  
 Mail log #: 764668, Monday October 3, 2022





**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XC22050570		
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated	
Subcontractor: Empower Yolo				
<p><b>Finance Manager .10 FTE</b></p> <p>\$27.30 x .10 FTE x 2080 hours = \$5,678</p> <p>Benefits at 24%</p> <p>\$5,678 x .24 = \$1,362</p> <p>Includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance.</p> <p>Responsible for submitting invoices and ensuring correct payroll according to grant requirements</p>	\$3,520	\$3,520	\$7,040	
<p><b>Associate Director .10 FTE</b></p> <p>\$95,399 x .10 = \$9,539</p> <p>Benefits at 24%</p> <p>\$9,539 x .24 = \$2,289</p> <p>Includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance.</p> <p>Responsible for supervision of XC Client Navigators and oversight of XC grant reporting</p>	\$5,914	\$5,914	\$11,828	
<p><b>Executive Director .05 FTE</b></p> <p>\$115,884 x .05 = \$5,794</p> <p>Benefits at 24%</p> <p>\$5,794 x .24 = \$1,390 only claiming \$1109</p>	\$3,452	\$3,451	\$6,903	



**Grant Subaward Budget Pages**  
Multiple Fund Sources

<b>Subrecipient: Yolo County</b>		<b>Grant Subaward #: XC22050570</b>		
<b>B. Operating Costs - Line-item description and calculation</b>	<b>VOCA 20</b>	<b>VOCA 21</b>	<b>Total Amount Allocated</b>	
<p>includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. Oversees all XC program deliverables and maintains communication with Yolo County</p> <p align="center"><b>Program Manager .10 FTE</b></p>	\$3,827	\$3,827	\$7,654	
<p><math>\\$61,734 \times .10 \text{ FTE} = \\$6,173</math> Benefits at 24% <math>\\$6,173 \times .24 = \\$1,481</math> includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. Responsible for addressing increased culturally sensitive direct services for diverse XC clients including immigrant and farmworker communities</p> <p align="center"><b>Therapist (bilingual) .50 FTE</b></p>	\$16,738	\$16,739	\$33,477	
<p><math>\\$25.96 \times .50 \times 2080 = \\$26,998</math> Benefits at 24% <math>\\$26,998 \times .24 = \\$6,479</math> includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. responsible for providing therapy services in Spanish for XC clients including developing treatment plans and supporting therapy goals.</p>				



**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XC22050570		
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated	
<p><b>Therapist .30 FTE</b></p> <p>\$22 x .30 x 2080 hours = \$13,728 Benefits at 24% \$13,728 x .24 = \$3,294 includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. Responsible for providing therapy services in for XC clients including developing treatment plans and supporting therapy goals.</p>	\$8,511	\$8,511	\$17,022	
<p><b>Client Navigator .5 FTE</b></p> <p>\$20.41 x .50 x 2080 hours = \$21,226 Benefits at 24% \$21,226 x .24 = \$5,094 includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. Responsible for XC client intake, assessment and service delivery.</p>	\$13,160	\$13,160	\$26,320	
<p><b>Client Navigator .3 FTE</b></p> <p>\$18.66 x .30 x 2080 hours = \$11,643 Benefits at 24% \$11,643 x .24 = \$2,794 includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance.</p>	\$7,219	\$7,218	\$14,437	



**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XC22050570	
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p>Responsible for XC client intake, assessment and service delivery. Bilingual Spanish-speaking Advocate.</p> <p><b>Legal Advocate .75 FTE</b></p> <p>\$18.66 x .75 x 2080 hours = \$29,109 Benefits at 24% \$29,109 x .24 = \$6,986 includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance.</p>	\$18,047	\$18,048	\$36,095
<p><b>Client Navigator .20 FTE</b></p> <p>\$18.66 x .20 x 2080 hours = \$7,762 Benefits at 24% \$11,643 x .24 = \$1,862 includes all required employer taxes and healthcare; plan benefits (i.e. 100% medical, 75% dental &amp; 100% life; 6.2% UI-ETT Tax, 6.2% FICA Tax, 1.45% FUTA tax and workers comp. insurance. Responsible for XC client intake, assessment and service delivery in Davis for Mandarin-speaking survivors</p>	\$4,812	\$4,812	\$9,624
<b>Operating Costs Fund Source Totals</b>	<b>\$85,200</b>	<b>\$85,200</b>	<b>\$170,400</b>
<b>OPERATING COSTS CATEGORY TOTAL</b>			<b>\$170,400</b>

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**VSPS Budget Summary Report**

XC22 County Victim Services Program	Subaward #: XC22 05 0570
Yolo County	Performance Period: 01/01/23 - 12/31/23
County Victim Services Program	Latest Request: , Not Final 201

**A. Personal Services - Salaries/Employee Benefits**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	0	0	0	0	0
F	21VOCA	0	0	0	0	0
<b>Total A. Personal Services - Salaries/Employee Benefits:</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**B. Operating Expenses**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	85,200	0	85,200	0	85,200
F	21VOCA	85,200	0	85,200	0	85,200
<b>Total B. Operating Expenses:</b>		<b>170,400</b>	<b>0</b>	<b>170,400</b>	<b>0</b>	<b>170,400</b>

**C. Equipment**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	0	0	0	0	0
F	21VOCA	0	0	0	0	0
<b>Total C. Equipment:</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
<b>Total Local Match:</b>	0	0	0	0	0
<b>Total Funded:</b>	170,400	0	170,400	0	170,400
<b>Total Project Cost:</b>	170,400	0	170,400	0	170,400

F/S/L (Funding Types): F=Federal, S=State, L=Local Match  
 Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule

12/09/22