

December 16, 2022

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

Subject: **Notification of Grant Subaward Application Approval**
Elder Abuse Program
Grant Subaward #: XE22 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 \$217,444, 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, Elizabeth Pollard, at (916) 845-8997 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file
Program Specialist

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Cal OES #	113-00000-16	FIPS #	113-00000	VS#		Subaward #	XE22050570
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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:** Yolo County 1a. UEI#: F9LLL27DJFY4
- 2. **Implementing Agency:** Yolo County District Attorney 2a. UEI#: XS9DVUR5TIA5
- 3. **Implementing Agency Address:** 301 2nd Street Woodland 95695-3415
(Street) (City) (Zip+4)
- 4. **Location of Project:** Woodland Yolo 95695-3415
(City) (County) (Zip+4)
- 5. **Disaster/Program Title:** XE - Elder Abuse Program 6. **Performance/Budget Period:** 1/1/2023 to 12/31/2023
(Start Date) (End Date)
- 7. **Indirect Cost Rate:** SMC N/A Federally Approved ICR (if applicable): _____ %

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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		\$108,722					\$108,722
9.	2021	VOCA		\$108,722					\$108,722
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost		\$217,444	\$217,444				\$217,444

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: 10-10-22

16. **Federal Employer ID Number:** 946000548

(FOR Cal OES USE ONLY)

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

<u>Mary Rucker</u> 12/8/2022	<u>Heather Carlson</u> 12/8/2022
<small>9A3D0B88E24B485...</small> (Cal OES Fiscal Officer)	<small>F78AD82C0DE9440...</small> (Cal OES Director or Designee)

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: Elder Abuse Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES20VOCA000012
 SC: 2022-18400 Amount: \$ 108,722

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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: Elder Abuse Program
 Match Req.: 20%, C/IK based on TPC-Match Waived
 Project ID: OES21VOCA000012
 SC: 2022-18401 Amount: \$ 108,722

Received by CalOES, Lorna Allen
 Mail log #: 765289, Friday October 14, 2022

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Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
A. Personnel Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p>Victim Witness Advocate (1 FTE) Salaries @ 24.02/hr * 2080 hrs = \$49,961.6</p> <p>Benefits Retirement @ 41.14% = \$20,554.2 OASDI/Medicare @ 7.65% = \$3,822.06 Health Insurance @ 34.30% = \$17,136.83</p> <p>Provide services and support to the victims who are dependent adults or the age 60 or older per Govt code 13897</p>	\$45,737	\$45,737	\$91,474
<p>Paralegal (1 FTE) Salaries @ 27.69/hr * 2080 hrs = \$57,595.2</p> <p>Benefits text here Retirement @ 41.14% = \$23,694.67 OASDI/Medicare @ 7.65% = \$4,406.03 Health Insurance @ 15.72% = \$9,053.97</p> <p>Assist in case prep and legal research for cases involving allegations of abuse or neglect for victims who are dependent adults or age 60 or older</p> <p>case prep is for civil cases to aid in elder abuse. non-prosecutorial duties only</p>	\$47,375	\$47,375	\$94,750
<p>Extra Help Victim Service Advocate (1000 hours) Salaries @ \$23.42 * 600 hrs = \$14,052</p> <p>Benefits OASDI/Medicare @ 7.65% = \$1,074.98</p> <p>Provide services and support to the victims who are dependent adults or the age 60 or older per Govt code 13897</p>	\$5,689	\$9,437	\$15,126

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Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
A. Personnel Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
Personnel Costs Fund Source Totals	\$98,801	\$102,549	\$201,350
PERSONNEL COSTS CATEGORY TOTAL			\$201,350

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Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p><u>Project Evaluation Plan- Consultant</u> Judy Vang Current evaluator on grant 168 hrs @ \$59.524/hr = \$10,000</p> <p>Consultant will evaluate the XE program by developing a data collection plan, interview staff and clients, provide reports and include site visits. The evaluation will determine if we met goals & objectives</p>	\$5,000	\$5,000	\$10,000
<p><u>Cell Phone Service</u></p> <p>\$43.75/month * 12 months * 2 employees = \$1,050</p> <p>Cell phone usage for advocate and paralegal to stay in communication with clients as well as the two agencies we are partnering with.</p>	\$525	\$525	\$1,050
<p><u>Desk Landlines</u></p> <p>\$54/month * 12 months * 2 Employees = \$1,296</p>	\$648	\$648	\$1,296
<p><u>CDA National Elder & Dependent Adult Abuse Symposium training - April 2022</u></p>	\$3,582		\$3,582
<p>Registration Cost = \$549* 2 employees = \$1,098 Round Trip Airfare @ \$300/person * 2 = \$600 Hotel @ \$182/night * 3 nights * 2 employees = \$1,092 Per Diem @ \$74/day * 4 days * 2 employees = \$592 Shuttle to/from hotel from/to</p>			



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p>airport = \$100/person * 2 = 200</p> <p>Based on County policy, we budget at IRS rates.</p> <p>We are budgeting training at the 2022 training cost. Training has not be posted on CDAA website as of 10/13/22</p> <p><u>Mileage Reimbursement</u></p> <p>45 miles per month * 6 months = 270 miles 270 * .625 cent/mile - \$168.75 mileage rate reimbursed at IRS rate will only claim \$1666</p> <p><i>EP</i> charging less</p>	\$166		\$166
Operating Costs Fund Source Totals	\$9,921	\$6,173	\$16,094
OPERATING COSTS CATEGORY TOTAL			

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VSPS Budget Summary Report

XE22 Elder Abuse Program
 Yolo County
 Elder Abuse Program
 Subaward #: XE22 05 0570
 Performance Period: 01/01/23 - 12/31/23
 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	98,801	0	98,801	0	98,801
F	21VOCA	102,549	0	102,549	0	102,549
Total A. Personal Services - Salaries/Employee Benefits:		201,350	0	201,350	0	201,350

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	9,921	0	9,921	0	9,921
F	21VOCA	6,173	0	6,173	0	6,173
Total B. Operating Expenses:		16,094	0	16,094	0	16,094

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
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:	217,444	0	217,444	0	217,444
Total Project Cost:	217,444	0	217,444	0	217,444



March 30, 2023

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

Subject: **Approval of Grant Subaward Modification 1**
Elder Abuse Program
Grant Subaward #: **XE22 05 0570**

Dear Jonathan Raven:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed Grant Subaward Modification request.

Please contact your Program Specialist if you have any questions about this Grant Subaward Modification.

VS Grants Processing Unit

cc: Subrecipient's file
Program Specialist



Grant Subaward Modification

Email to: designated Program Specialist for this Grant Subaward

1. Grant Subaward Number: XE22050570
 2. Modification Number: 1
 3. Grant Subaward Performance Period: 01/01/2023 to 12/31/2023

4. Subrecipient/Implementing Agency: Yolo County / Yolo County District Attorney's Office

5. Payment Mailing Address: 301 Second Street Woodland CA 95695-3415 Check if New

6. Revision to Budget

Fiscal Year	Fund Source (select from drop down list)	Grant Funds	Grant Funds	Grant Funds	Grant Funds	Required Match	Required Match	Required Match	Required Match	Total Amount
		A. Personnel Costs	B. Operating Costs	C. Equipment Costs	Fund Total	A. Personnel Costs	B. Operating Costs	C. Equipment Costs	Match Total	
Current Allocation (from your last approved budget)										
2020	VOCA	\$98,801	\$9,921		\$108,722				\$0	\$108,722
2021	VOCA	\$102,549	\$6,173		\$108,722				\$0	\$108,722
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change (add (+) or subtract (-) from budgeted amount)										
2020	VOCA	-\$1,637	\$1,637		\$0				\$0	\$0
2021	VOCA	-\$1,638	\$1,638		\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation										
2020	VOCA	\$97,164	\$11,558	\$0	\$108,722	\$0	\$0	\$0	\$0	\$108,722
2021	VOCA	\$100,911	\$7,811	\$0	\$108,722	\$0	\$0	\$0	\$0	\$108,722
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

7. Justification for Modification: (If additional space is needed please continue the justification on the justification tab.)

In XE22 grant application we requested a Victim Witness Advocate and a Paralegal. This is to modify that request to 2 Victim Witness Advocates and no longer requesting a paralegal. There was a different of \$3,275 in salaries and benefits due to the modification, so we added emergency funding in the amount of \$3,275.

8. Subrecipient Approvals

Jonathan Raven
Grant Subaward Director (typed name)

Grant Subaward Director Signature

3/19/23
Date

Nikki Abaurea
Financial Officer (typed name)

Financial Officer Signature

3/19/23
Date

Cal OES USE ONLY

Elizabeth J. Pollard
Program Specialist Signature

3/28/23
Date

Claire Wimbley-Brown
Unit Chief Signature

3/28/23
Date

Rodin Wong
Grants Processing Signature

3/30/23
Date

MR



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
A. Personnel Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p>Victim Witness Advocate (2 FTE) Salaries @ 24.02/hr * 2080 hrs = \$49,961.6 * 2 = \$99,923.20</p> <p>Benefits Retirement @ 41.14% = \$41,108.4 OASDI/Medicare @ 7.65% = \$7,644.13 Health Insurance @ 34.30% = \$34,273.66</p> <p>Provide services and support to the victims who are dependent adults or the age 60 or older per Govt code 13897</p>	\$91,475	\$91,474	\$182,949
<p>Extra Help Victim Service Advocate (1000 hours) Salaries @ \$23.42 * 600 hrs = \$14,052</p> <p>Benefits OASDI/Medicare @ 7.65% = \$1,074.98</p> <p>Provide services and support to the victims who are dependent adults or the age 60 or older per Govt code 13897</p>	\$5,689	\$9,437	\$15,126



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570		
A. Personnel Costs - Line-Item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated	
Personnel Costs Fund Source Totals	\$97,164	\$100,911	\$198,075	
PERSONNEL COSTS CATEGORY TOTAL			\$198,075	

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Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
<p>Project Evaluation Plan- Consultant Judy Vang Current evaluator on grant 168 hrs @ \$59,524/hr = \$10,000 <i>EP</i> <small>previously approved</small></p> <p>Consultant will evaluate the XE program by developing a data collection plan, interview staff and clients, provide reports and include site visits. The evaluation will determine if we met goals & objectives</p>	\$5,000	\$5,000	\$10,000
<p>Cell Phone Service</p> <p>\$43.75/month * 12 months * 2 employees = \$1,050</p> <p>Cell phone usage for advocate and paralegal to stay in communication with clients as well as the two agencies we are partnering with.</p>	\$525	\$525	\$1,050
<p>Desk Landlines</p> <p>\$54/month * 12 months * 2 Employees = \$1,296</p>	\$648	\$648	\$1,296
<p>CDA National Elder & Dependent Adult Abuse Symposium training - April 2022</p>	\$3,582		\$3,582
<p>Registration Cost = \$549* 2 employees = \$1,098 Round Trip Airfare @ \$300/person * 2 = \$600 Hotel @ \$182/night * 3 nights * 2 employees = \$1,092 Per Diem @ \$74/day * 4 days * 2 employees = \$592 Shuttle to/from hotel from/to</p>			



Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
B. Operating Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
airport = \$100/person * 2 = 200 Based on County policy, we budget at IRS rates. We are budgeting training at the 2022 training cost. Training has not be posted on CDAA website as of 10/13/22 Emergency Funds	\$1,637	\$1,638	\$3,275
To be used to purchase at ris adults/seniors medication, bedding, walking aids, clothing, groceries, etc We will budget cost @ \$273/month @12 months = \$3,276 = we will only claim \$3,275 Mileage Reimbursement	\$166		\$166
45 miles per month * 6 months = 270 miles ²⁵³ 270 * ⁶⁵⁵ .625 cent/mile - \$168.75 ^{165.715} mileage rate reimbursed at IRS rate will only claim \$1666			
Operating Costs Fund Source Totals	\$11,558	\$7,811	\$19,369 ✓
OPERATING COSTS CATEGORY TOTAL			

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Grant Subaward Budget Pages
Multiple Fund Sources

Subrecipient: Yolo County		Grant Subaward #: XE22050570	
C. Equipment Costs - Line-item description and calculation	VOCA 20	VOCA 21	Total Amount Allocated
Equipment Costs Fund Source Totals			
EQUIPMENT COSTS CATEGORY TOTAL			

Grant Subaward Totals - Totals must match the Grant Subaward Face Sheet	VOCA 20	VOCA 21	Total Project Cost
Fund Source Totals	\$108,722	\$108,722	\$217,444

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VSPS Budget Summary Report

XE22 Elder Abuse Program
 Yolo County
 Elder Abuse Program
 Subaward #: XE22 05 0570
 Performance Period: 01/01/23 - 12/31/23
 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	97,164	0	97,164	0	97,164
F	21VOCA	100,911	0	100,911	0	100,911
Total A. Personal Services - Salaries/Employee Benefits:		198,075	0	198,075	0	198,075

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	11,558	0	11,558	0	11,558
F	21VOCA	7,811	0	7,811	0	7,811
Total B. Operating Expenses:		19,369	0	19,369	0	19,369

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
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
Total Funded:	0	217,444	0	217,444
Total Project Cost:	0	217,444	0	217,444