



December 9, 2020

Maggie Fleming
District Attorney
Humboldt County - District Attorney
825 5th Street, Fourth Floor
Eureka, CA 95501-1107

Subject: **Approval of Subaward Amendment #1**
Child Advocacy Center Program
Subaward #: **KC19 03 0120**

Dear Ms. Fleming:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed subaward amendment request, for the subject grant.

All other agreements shall remain as previously agreed upon.

Please contact your Program Specialist if you have any questions about this amendment.

VSPS GRANTS PROCESSING

Enclosure

c: Subrecipient file
Program Specialist

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

GRANT SUBAWARD AMENDMENT

SUBAWARD # KC19 03 0120

VH
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FIPS# 023-00000 DUNS# 034150203 Amendment# 1
 Project # N/A Performance Period 4/1/2020 to 3/31/2021

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Subrecipient: Humboldt County

Grant Subaward KC19 03 0120 is hereby amended to:

Decrease the 2018 VOCA Match by \$43,750 from \$43,750 to \$0;

Decrease the Total Project Cost by \$43,750 from \$218,750 to \$175,000.

All other provisions of this agreement shall remain as previously agreed upon.

Subrecipient (Certification and Signature of Authorized Agent)	
By (Authorized Signature)	Date
<i>M. Fleming</i>	10/15/20
Printed Name	Title
Maggie Fleming	District Attorney
Address	
825 5th Street, Fourth Floor, Eureka, CA 95501-1107	
Governor's Office of Emergency Services (For Cal OES use only)	
By Director or Designee	Date
<i>Heather Carlson</i>	12/7/2020
Printed Name	Title
Heather Carlson	Asst. DIR
Amount Encumbered by this Document	Fund Source Labels
0	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/K based on IPC- Match Waiver Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ 0
Prior Amount Encumbered	
175,000	
Total Amount Encumbered to Date	
175,000	
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	
Signature of Cal OES Fiscal Officer	Date
<i>Mary Rucker</i>	12/3/2020

GRANT SUBAWARD MODIFICATION

Mall To: Cal OES Victim Services Branch
3650 Schliever Avenue
Malher, CA 95655

1. Subaward Number: KC19030120
2. Modification Number: 1
3. Performance Period: 04/01/2020 to 03/31/2021

4. Subrecipient/Implementing Agency: Humboldt County / Humboldt County District Attorney
5. Payment Mailing Address (Zip +4): 825 5th Street, 4th Floor, Eureka CA 95501-1107 Check if New



6. Revision to Budget

Fiscal Year	Fund Source (Select from drop down list)	Grant Funds			Grants Funds Fund Total	Required Match			Total Amount	
		A. Personal Services	B. Operating Expenses	C. Equipment		A. Personal Services	B. Operating Expenses	C. Equipment		
Current Allocation (from your last approved budget)										
2018	VOCA	\$149,220	\$25,780		\$175,000	37745	6005	DTH	\$0	\$175,000
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change (add (+) or subtract (-) from budgeted amount)										
2018	VOCA				\$0	-37745	-6005	DTH	\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation										
2018	VOCA	\$149,220	\$25,780	\$0	\$175,000	\$0	\$0	\$0	\$0	\$175,000
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
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

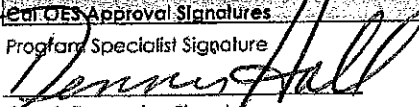

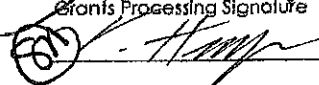
7. Justification for Modification: (If additional space is needed please continue the justification on the Justification Tab.)

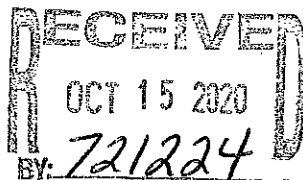
Modification to decrease the 2018 VOCA Match by \$43,750 from \$43,750 to \$0.

8. Subrecipient Approvals

Project Director (typed name) <u>Maggie Fleming</u>	Project Director Signature 	Date <u>10/15/20</u>
Financial Officer (typed name) <u>Karen Paz Dominguez</u>	Financial Officer Signature 	Date <u>10/15/2020</u>

Cal OES USE ONLY

Program Specialist Signature 	Date <u>10/29/20</u>	Unit Chief Signature 	Date <u>10/31/2020</u>
Grants Processing Signature 	Date <u>11/9/20</u>		



BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: County of Humboldt		Subaward #: KC19030120	
A. Personal Services – Salaries/Employee Benefits	2018 VOCA	2018 VOCA Match	COST
<p align="center">Salaries</p> <p>Victim Witness Specialist (Advocate) (2.0FTE) Provides Direct Client Services \$1,732.89/pp x 27pp @ 2.0 FTE = \$93,576.06</p>	\$93,576		\$93,576
<p align="center">BENEFITS</p> <p>Victim Witness Specialist (Advocate) (2.0FTE) SUI @ .18% of salary - \$168.44 ✓ Health @ 17% of salary - \$15,907.93 ✓ Life fixed rate determined by CAO \$69.36 ✓ Dental fixed rated determined by CAO - \$1,460.00 ✓ PERS @ 33% of salary - \$30,880.10 ✓ FICA @ 6.2% of salary /MC @ 1.45% of salary (\$5,801.72 + \$1,356.85) = \$7,158.57 Total = \$55,644.40</p>	\$55,644		\$55,644
Personal Section Totals	\$149,220	\$0	\$149,220
PERSONAL SECTION TOTAL			\$149,220

NH
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BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: County of Humboldt		Subaward #: KC19030120	
B. Operating Expenses	2018 VOCA	2018 VOCA Match	COST
Office Supplies Stationery/cryanons/colored pencils/Toner/Pens /Tissues (\$181.83 x 12 = \$1971.96) = \$2,182	\$2,182		\$2,182
International Conference on Child and Family Maltreatment San Diego, CA, January TBD, 2020 Hotel:\$125 per nig. \$20 Hotel Tax per nig. x (7 nig.)(6 MDT) = \$6,090 ✓ Per Diem \$71 day x (8 days)(6 MDT)=\$3,408.00 ✓ Registration fee \$1000 x (6 MDT) = \$6,000.00 ✓ Airfare \$1,200 x (6 MDT) = \$7,200.00 ✓ (Rural area airfare calculations taken into consideration) Baggage Fee \$50 x (6 MDT) = \$300.00 ✓ Shuttle Fee \$100 x (6 MDT) = \$600.00 ✓ Total \$23,598	\$23,598		\$23,598
Operating Section Totals	✓ \$25,780	\$0	\$25,780
OPERATING SECTION TOTAL			\$25,780

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: County of Humboldt		Subaward #: KC19030120	
C. Equipment	2018 VOCA	2018 VOCA Match	COST
No Equipment Requested			
Equipment Section Totals			
EQUIPMENT SECTION TOTAL			
Category Totals			
Same as Section 12G on the Grant Subaward Face Sheet	\$175,000	\$0	
Total Project Cost			\$175,000

NH
VA

VSPS Budget Summary Report

KC19 Child Advocacy Center Program
 Humboldt County
 Child Advocacy Center Program

Subaward #: KC19 03 0120
 Performance Period: 04/01/20 - 03/31/21
 Latest Request: September 2020, Not Final 201

A. Personal Services - Salaries/Employee Benefits

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	18VOCA	149,220	60,977	88,243	0	88,243
L	18VOCA	0	0	0	0	0
Total A. Personal Services - Salaries/Employee Benefits:		149,220	60,977	88,243	0	88,243

B. Operating Expenses

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	18VOCA	25,780	267	25,513	0	25,513
L	18VOCA	0	0	0	0	0
Total B. Operating Expenses:		25,780	267	25,513	0	25,513

C. Equipment

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	18VOCA	0	0	0	0	0
L	18VOCA	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
Total Local Match:	0	0	0	0	0
Total Funded:	175,000	61,244	113,756	0	113,756
Total Project Cost:	175,000	61,244	113,756	0	113,756

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

VICTIMS OF CRIME ACT (VOCA) VICTIM ASSISTANCE FORMULA GRANT PROGRAM
MATCH WAIVER REQUEST

Cal OES Subrecipients may request a partial or full match waiver. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. VOCA Victim Assistance Formula Grant Program Award Number: 2018-V2-GX-0029 ✓
2. Cal OES Subaward Number: KC19030120 ✓
3. Subrecipient's Name: Humboldt County ✓
4. Grant Subaward Performance Period April 1, 2020 ✓ through March 31, 2021 ✓
5. VOCA Victim Assistance Funds Awarded: \$ 175,000 ✓
6. Amount of Cash Match Proposed (post-Match Waiver): \$ 0
7. Amount of In-kind Match Proposed (post-Match Waiver): \$ 0
8. Total Amount of Match Proposed (sum of #6 and #7): \$ 0 ✓

9. Briefly summarize the services provided:

Available services during COVID-19 pandemic are accompanying and assisting clients during court hearings and testifying via Zoom from the District Attorney's Office 4th Floor law library. Assisting in transportation needs for court, and victim impact statements via e-mail, telephone or Zoom video conference. Encouraging and assisting clients to sign up for VINE. Assistance in opening CALVCB victim of crime application via email, mail, or by faxing. Crisis intervention, referrals to community partners, completing CDCR 1707's, and court watch/update for clients.

10. Describe practical and/or logistical obstacles to providing match:

A large portion of the general fund is based off of state and local sales tax revenue. Statics are already showing a significant drop in sales tax revenue. Due to our cash match dollars coming from Humboldt County's general fund, having to provide the total match funding may take away from the general funding that supplies salary and benefits to employees and potentially assist in creating a larger employee lay-off situation.

11. Describe any local resource constraints to providing match:

Due to COVID-19 Shelter in Place order and practices of social distancing many local resources are closed temporarily with the potential in sight of not reopening. The various community resources that were already stretched in the our rural community are asking for aid during this time.

Approved

Nicole Holm

Denied

Unit Chief Name

 9/18/2020

Unit Chief Signature / Date