



COUNTY OF HUMBOLDT

AGENDA ITEM NO.
D-18

For the meeting of: October 4, 2016

Date: September 15, 2016
To: Board of Supervisors
From: William Damiano, ^{CD} Chief Probation Officer
Subject: Request for authority to apply for the Probation Specialized Supervision Program Grant

RECOMMENDATION(S):

That the Board of Supervisors:

1. Authorizes the Chair of the Board to sign the Certificate of Assurance of Compliance (Attachment 2) with the Violence Against Women Act (VAWA); and
2. Authorizes the Chief Probation Officer to sign the application to California Office of Emergency Services (Cal OES) Victim Services Division for the Probation Specialized Supervision Program for fiscal year (FY) 2016/2017 application (Attachment 1) and the Certificate of Assurance of Compliance (Attachment 2), and any subsequent grant paperwork, related to the Probation Specialized Supervision Program for the FY 2016/2017 grant; and
3. Directs Clerk of the Board to return the executed Certificate of Assurance of Compliance (Attachment 2) to the Chief Probation Officer.

Prepared by Elisha Hardison, Legal Office Business Manager

CAO Approval Cheryl Dillingham

REVIEW:	Auditor <u>MSM</u>	County Counsel _____	Personnel _____	Risk Manager _____	Other _____
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TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Sundberg / Seconded by Supervisor Bass

Ayes Sundberg, Fennell, Lovelace, Bohn, Bass

Nays _____

Abstain _____

Absent _____

PREVIOUS ACTION/REFERRAL:

Board Order No. B-1, C-14, C-10, C-16

Meeting of: 10/22/13, 1/7/14 & 9/23/14, 9/15/15

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Oct. 4, 2016

By: Kathy Hayes

Kathy Hayes, Clerk of the Board

SOURCE OF FUNDING:

The federal Violence Against Women Act (VAWA) Services*Training*Officers*Prosecutors (S*T*O*P) Formula Grant supports the Probation Specialized Supervision Program which is administered in California by the Governor's Office of Emergency Services (Cal OES), Victim Services Division.

DISCUSSION:

On October 22, 2013, the Board of Supervisors approved the Probation Department's request to apply for the federal Violence Against Women Act (VAWA) Services*Training*Officers*Prosecutors (S*T*O*P) Grant. In California, the grant is administrated by the Governor's Office of Emergency Services (Cal OES), Victim Services Division. At this time, the Probation Department would like to continue its work with the grant.

At this time, the Department seeks approval to submit grant paperwork to Cal OES for the continuance of the Probation Specialized Supervision Program. The extension of the grant will allow the Probation Department to continue to provide intensive supervision to domestic violence offenders. With this program, Probation hired a Senior Probation Officer to supervise these offenders. This program also supports offender participation in Court-ordered batterer's intervention programs where previously delays in service left offenders untreated for months. Assistance provided through the grant, addressed this service gap.

When applied for, the first year of the grant was competitive. Upon the initial approval, the Department had the option of applying for three additional annual grant periods, on a non-competitive basis. The Department is currently requesting authorization to submit paperwork for the third of the three additional grant periods. This grant period runs from October 1, 2016 through September 30, 2017.

The Department requests Board of Supervisors authorization for the Chief Probation Officer to sign and submit Cal OES Probation Specialized Supervision Program FY 2016/2017 application (Attachment 1) and any subsequent grant paperwork. In addition, Board of Supervisors' approval authorizing the Chair of the Board to sign the Certificate of Assurance of Compliance (Attachment 2) with the Violence Against Women Act (VAWA) is requested.

FINANCIAL IMPACT:

In preparing the Probation Specialized Supervision Program FY 2016/2017 application, the Probation Department requested funding from the Governor's Office of Emergency Services (Cal OES), Victim Services Division equaling \$100,000. The grant includes a required twenty-five percent (25%) county match. The Department would be required to make payment of \$33,333 as a match for the grant award. The Probation Department will utilize monies from its trust fund, 3782-000-80800, which has a current balance of \$815,270, to subsidize the match amount. Since the grant period runs from October 1, 2016 through September 30, 2017, the impact to the Department budget is demonstrated with the existing budget line item of 1100-235-52654, with 100% of the total \$100,000 being represented. Further budget impacts related to this grant period will be allocated in the FY 2017/18 budget. With this grant, the Probation Department has been able to support the Board's strategic framework by providing a program that creates opportunities for improved safety and health within the community.

OTHER AGENCY INVOLVEMENT:

Community-Based Organizations – Batterer Intervention Programs

ALTERNATIVES TO STAFF RECOMMENDATIONS:

No alternatives are recommended. However if not approved, the Probation Department will not be able to continue its Specialized Supervision Program. This would result in loss in domestic violence offender services and the discontinuance of the program that addresses this identified need.

ATTACHMENTS:

1. Probation Specialized Supervision Grant Application
2. Certificate of Assurance of Compliance with the Violence Against Women Act (VAWA)

PROBATION SPECIALIZED SUPERVISION (PU) PROGRAM

CHECKLIST

This checklist is provided to ensure that a complete application is submitted to Cal OES.

- APPLICATION COVER SHEET – Please complete and attach to the front of the application.
- GRANT SUBAWARD FACE SHEET (Cal OES 2-101) – Signed by the official authorized to enter into the Grant Subaward.
- PROJECT CONTACT INFORMATION (Cal OES 2-102) – Must be submitted with the Grant Subaward Face Sheet.
- SIGNATURE AUTHORIZATION AND INSTRUCTIONS (Cal OES 2-103) – Signatures of the Project Director and Fiscal Officer are required.
- CERTIFICATION OF ASSURANCE OF COMPLIANCE VAWA (Cal OES 2-104g) Violence Against Women Act) – Signed by the official who signed the Grant Subaward Face Sheet and by the official delegating that authority.
- PROJECT NARRATIVE (Cal OES 2-108)
 - PROBLEM STATEMENT
 - PLAN AND CAPABILITIES
- PROJECT BUDGET
 - BUDGET NARRATIVE (Cal OES 2-107)
 - BUDGET FORMS (EXCEL SPREADSHEET FORMAT) (Cal OES 2-106a)
 - Personal Services – Salaries/Employee Benefits
 - Operating Expenses
 - Equipment
- APPLICATION APPENDIX
 - Project Summary (Cal OES 2-150)
 - Organizational Chart
 - Noncompetitive Bid Request Checklist (Cal OES 2-156)
 - Out-Of-State Travel Request (Cal OES 2-158)
 - Project Service Area Information (Cal OES 2-154)
 - Computer and Automated Systems Purchase Justification (Cal OES 2-157)

EDMUND G. BROWN JR.
GOVERNOR

MARK S. GHILARDUCCI
DIRECTOR



Application Cover Sheet

RFA PROCESS

PROBATION SPECIALIZED SUPERVISION (PU) PROGRAM

Submitted by:
Humboldt County Probation Department
Shaun M. Brenneman, Division Director
2002 Harrison Avenue
Eureka CA, 95501

GRANT SUBAWARD FACE SHEET INSTRUCTIONS

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers.
Please do not fill in these blocks. These numbers will be entered by Cal OES.

1. Subrecipient

The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Subrecipient.

1a. Federal DUNS Number (Subrecipient)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.

2a. Federal DUNS Number (Implementing Agency)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

3. Implementing Agency Address

Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).

4. Location of Project

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).

5. Disaster/Program Title

Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.

6. Performance Period

Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yy)

7. Indirect Cost Rate

Indicate whether you are using the 10% de minimis rate based on Modified Total Direct Costs (MTDC) or your cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiation Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. *Indirect costs may or may not be allowable under all Federal fund sources.*

8A – 12G. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. Block 12G should correspond to the total project cost specified in the budget.

13. Certification Paragraph

Please review the certification paragraph.

14. Official Authorized to sign for the Subrecipient

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent.

15. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Agency.

Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

(Cal OES Use Only)						
Cal OES#		FIPS#		VS #		Subaward #

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

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

1. Subrecipient: COUNTY OF HUMBOLDT 1a. DUNS#: 11557234
 2. Implementing Agency: HUMBOLDT COUNTY PROBATION DEPARTMENT 2a. DUNS#: 785383985
 3. Implementing Agency Address: 2002 HARRISON AVE EUREKA 95501-3212
Street City Zip+4
 4. Location of Project: EUREKA HUMBOLDT 95501-3212
City County Zip+4
 5. Disaster/Program Title: PROBATION SPECIALIZED SUPERVISION PROGRAM 6. Performance Period: 10/01/2016 to 9/30/2017
 7. Indirect Cost Rate: N/A; 10% de minimis; Federally Approved ICR _____%

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	8. VAWA		\$ 100,000		\$ 33,333		\$ 33,333	\$ 133,333
Select	9. Select						\$ 0	\$ 0
Select	10. Select						\$ 0	\$ 0
Select	11. Select						\$ 0	\$ 0
Select	12. Select						\$ 0	\$ 0
	TOTALS	\$ 0	\$ 100,000	\$ 100,000	\$ 33,333	\$ 0	\$ 33,333	12. G Total Project Cost: \$ 133,333

13. 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. Official Authorized to Sign for Subrecipient: BILL DAMIANO 15. Federal Employer ID Number: 946000513
 Name: BILL DAMIANO Title: CHIEF PROBATION OFFICER
 Telephone: (707) 268-3308 FAX: (707)443-7139 Email: bdamiano@co.humboldt.ca.us
(area code) (area code)
 Payment Mailing Address: 2002 HARRISON AVE City: EUREKA Zip+4: 95501-3212
 Signature: _____ Date: _____

[FOR Cal OES 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.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
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PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number and e-mail address for the **Executive Director** of a Community-Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** who is the **Official Authorized** to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet (Cal OES 2-101).
7. Provide the name, title, address, telephone number, fax number and e-mail address for the **Chair** of the **governing body** of the subrecipient.

PROJECT CONTACT INFORMATION

Subrecipient: COUNTY OF HUMBOLDT

Subaward #: _____

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: Shaun Brenneman Title: Division Director
Telephone #: 7074440644 Fax#: 7074451627 Email Address: sbrenneman@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

2. The **Financial Officer** for the project:

Name: Elisha Hardison Title: Legal Office Business Manager
Telephone #: 7072683304 Fax#: 7074437139 Email Address: ehardison@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Shaun Brenneman Title: Division Director
Telephone #: 7074440644 Fax#: 7074451627 Email Address: sbrenneman@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Elisha Hardison Title: Legal Office Business Manager
Telephone #: 7072683304 Fax#: 7074437139 Email Address: ehardison@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

5. The **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Bill Damiano Title: Chief Probation Officer
Telephone #: 7072683308 Fax#: 7074437139 Email Address: bdamiano@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet:

Name: Bill Damiano Title: Chief Probation Officer
Telephone #: 7072683308 Fax#: 7074437139 Email Address: bdamiano@co.humboldt.ca.us
Address/City/Zip: 2002 Harrison Ave, Eureka CA 95501

7. The **chair** of the **Governing Body** of the subrecipient:

Name: Mark Lovelace Title: Supervisor Chairperson
Telephone #: 7074762393 Fax#: _____ Email Address: mlovelace@co.humboldt.ca.us
Address/City/Zip: 825 5th Street, Room 111, Eureka CA, 95501

SIGNATURE AUTHORIZATION INSTRUCTIONS

The Project Director and Financial Officer are **REQUIRED** to sign this form and submit it with the Grant Subaward Forms package. The Subrecipient may request signature authority in addition to the designated Project Director and/or Financial Officer. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **The Project Director and/or Financial Officer authorize the person(s) identified on the form to sign on their behalf on all grant-related matters.**

SIGNATURE AUTHORIZATION

Subaward #: _____

Subrecipient: COUNTY OF HUMBOLDT

Implementing Agency: HUMBOLDT COUNTY PROBATION DEPARTMENT

***The Project Director and Financial Officer are *REQUIRED* to sign this form.**

***Project Director:** Shaun Brenneman

***Financial Officer:** Elisha Hardison

Signature: _____

Signature: _____

Date: _____

Date: _____

The following persons are authorized to sign for the
Project Director

The following persons are authorized to sign for the
Financial Officer

Signature
Jody Green, Division Director
Print Name

Signature
Mitzi Whitley, Administrative Services Officer
Print Name

Signature
Tim Toste, Division Director
Print Name

Signature
Bill Damiano, Chief Probation Officer
Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Project Narrative

PROBLEM STATEMENT:

The PSSP program has been fully operational throughout the grant period. As of the writing of this grant application 90 of the 1044 formal probationers currently under supervision by the Probation Department are offenders convicted for domestic violence. The program allows the Department to supervise just under 50% of the target population.

PLAN:

OBJECTIVE:	ACTIVITIES:
<p>1. Provide intensive probation services to 40 probationers</p>	<p>1.1 Probationers will be assigned to PSSP officer based on PSSP criteria. Responsibility: Adult Field Supervisor Completion: Ongoing through 10/1/2016 to 9/30/2017</p> <p>1.2 PSSP Officer will provide supervision to probationers in the program that will include:</p> <ul style="list-style-type: none"> • Weekly contact with probationers split between office and field contacts. • Contacts with probationers will utilize the CBT based model EPICS designed by the University of Cincinnati. • Testing for drug and alcohol use will be utilized where indicated. • Contact with the victims of the probationers. This will occur on the onset of the probationers entry into the program and monthly thereafter. The PSSP Officer will refer and link victims to services where needed. • Probationers will be referred to a certified Batterer's Intervention Program (BIP). If the PSSP Officer identifies a barrier due to cost of the BIP, the probationer's participation will be subsidized by the PSSP. • PSSP officer will coordinate with BIP to ensure participation in programs. <p>Responsibility: PSSP officer Completion: Ongoing through 10/1/2016 to 9/30/2017</p>

OBJECTIVE:	ACTIVITIES:
<p>2. Complete weekly contacts with probationers at a minimum of one per week via telephone, office contact, and/or field contact</p>	<p>2.1 PSSP officer will make 2 office contacts and 2 field contacts with each probationer assigned to the program.</p> <ul style="list-style-type: none"> • Contacts and reasonable efforts to make contacts will be documented in the case management system. <p>Responsibility: PSSP Officer Completion: Ongoing through 10/1/2016 to 9/30/2017</p> <p>2.2 Monthly Case Review to ensure PSSP offenders are being met per PSSP guidelines. Responsibility: Adult Field Supervisor Completion: Monthly through 9/30/2017</p>
OBJECTIVE:	ACTIVITIES:
<p>3. Ensure Caseload does not exceed 40 probationers with no more than 20% inactive</p>	<p>3.1 Adult Field Supervisor will maintain a hard cap of 40 probationers on the PSSP caseload. This will be monitored through the case management system. Responsibility: Adult Field Supervisor Completion: Ongoing through 9/30/2017</p> <p>3.2 Monthly Caseload review to ensure PSSP probationers are receiving intensive services and jailed/absconded probationers are removed from the program. Responsibility: Adult Field Supervisor Completion: Monthly through 9/30/2017</p>

OBJECTIVE:	ACTIVITIES:
<p>4. Report Average numbers of probationers on each caseload.</p>	<p>4.1 Records regarding entry and termination from the program will be kept in the Case Management System and updated in a timely manner. Responsibility: Adult Field Supervisor Completion: Ongoing through 9/30/2017</p> <p>4.2 Average Number of Probationers on each caseload will be calculated utilizing a SQL report and reported to Cal OES in progress reports Responsibility: Program Director Completion: Quarterly through 9/30/2017</p>
OBJECTIVE:	ACTIVITIES:
<p>5. Report how many probationers reoffend by category:</p> <ul style="list-style-type: none"> • Domestic Violence • Sexual Assault • Dating Violence • Stalking 	<p>5.1 PSSP officer will record any conviction information into the Recidivism portion of the case management system. Responsibility: PSSP officer Completion: Ongoing through 9/30/2017</p> <p>5.2 Recidivism counts will be tabulated utilizing a SQL report based on information entered into case management system. The result will be reported to Cal OES in progress reports Responsibility: Program Director Completion: Quarterly through 9/30/2017</p>

OBJECTIVE:	ACTIVITIES:
<p>6. Report Number of project-specific probationers that were searched using the Automated Firearms System(AFS)</p>	<p>6.1 All probationers will be searched in the AFS system as a necessary step in assigned the probationer to the PSSP caseload. Results of the AFS search will be forwarded to the PSSP officer. Responsibility: Adult Clerical Support Completion: Ongoing through 9/30/2017</p> <p>6.2 Average Number of Probationers on each caseload will be calculated utilizing a SQL report and reported to Cal OES in progress reports Responsibility: Program Director Completion: Quarterly through 9/30/2017</p>
OBJECTIVE:	ACTIVITIES:
<p>7. Report how many probationers were found in possession of firearms and , if applicable, detail the removal of a firearm from a probationer's possession</p>	<p>7.1 PSSP officer will record any firearms seized during program implementation in an excel spreadsheet. Support documentation will be maintained in case management system. Responsibility: PSSP officer Completion: Ongoing through 9/30/2017</p> <p>7.2 Counts of firearms removed will be reported to Cal OES in progress reports Responsibility: Program Director Completion: Quarterly through 9/30/2017</p>

OBJECTIVE:	ACTIVITIES:
<p>8. Report the number of educational materials distributed to which recipients.</p>	<p>8.1 Every probationer assigned to the PSSP program will or will have already receive an advisement of their prohibition to own/possess a firearm. Responsibility: PSSP officer Completion: Ongoing through 9/30/2017</p> <p>8.2 Outside recipients will be maintained in an excel spreadsheet. Responsibility: Program Director Completion: Ongoing through 9/30/2017</p> <p>8.3 Number will be tabulated through case management records and spreadsheet data. Counts will be provided to CAL OES in progress reports. Responsibility: Program Director Completion: Ongoing through 9/30/2017</p>
<p>OBJECTIVE:</p>	<p>ACTIVITIES:</p>
<p>9. Send one or more officers assigned to the project determined by Cal OES.</p>	<p>9.1 Training Manager will coordinate, PSSP officer's travel, lodging and enrollment in Cal OES identified training. Responsibility: Training Manager Completion: Contingent upon training schedule.</p> <p>9.2 PSSP officer will attend training as assigned. Responsibility: PSSP Officer Completion: Contingent upon training schedule.</p>

CAPABILITIES:

The structure of the grant proposal does not include other law enforcement agencies. The proposal does include relationships with BIP providers. These are based on established rates for providing treatment. The Department also has ongoing relationships with the local law enforcement agencies in the county. Their assistance is used for searches and field operations.

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Humboldt County - Probation Department				Subaward #:			
A. Personal Services – Salaries/Employee Benefits	Total Cost	Cash Match	In-Kind Match	VAWA Funds			COST
Senior Probation Officer (Step E) - 1.0 FTE \$61,940 x 1.0 FTE =\$64,004	\$64,004	\$0	\$0	\$64,004			\$64,004
Benefits: 56.52% (\$64,004 x 56.52% = \$36,178)	\$36,178	\$0	\$182	\$35,996			\$36,178
Health Cont - (\$64,004 x 1.28% = \$821.04)							
Retirement - (\$64,004 x 32.92% = \$21,071.18)							
Survivor Benefit - (\$64,004 x 0.10% = \$63.70)							
Health Insurance Opt Out - (\$64,004 x 18.09% = \$11,575.44)							
Medicare - (\$64,004 x 1.72% = \$1,102.66)							
State Unemployment Insurance - (\$64,004 x 0.89% = \$570.44)							
Dental - (\$64,004 x 1.48% = \$947.83)							
Life Insurance - (\$64,004 x 0.04% = \$25.48)							
Personal Section Totals		\$0	\$182	\$100,000	\$0	\$0	\$100,182
PERSONAL SECTION TOTAL							\$100,182

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Humboldt County - Probation Department				Subaward #:			
B. Operating Expenses	Total Cost	Cash Match	In-Kind Match	VAWA Funds			COST
Contract Services - BIP Subsidy Clients x Sessions x Rate							
HFSC - 12 clients for 3 months 12 x 1 x \$65 = \$780 12 x 13 x \$25 = \$3,900	\$4,680		\$4,680				\$4,680
MEND/WEND - 28 clients for 3 months 28 x 1 x \$60 = 1,680 28 x 2 x \$50 = \$2,800 28 x 13 x \$27 = \$9,828	\$14,308		\$14,308				\$14,308
Client Travel (to and from BIP) Bus Tickets \$1.70 one-way x 2 x 642 (total BIP sessions)	\$2,183		\$2,183				\$2,183
In-County Travel 850/mi.per month x 12 months @ \$.30 per mile	\$3,060		\$3,060				\$3,060
Training California Probation Officers Specialized Training by CPOC 1 staff to attend training in Sacramento Hotel - \$95/night x 2 nights + tax/fees = \$213 Mileage - 630 miles round trip @ \$.575 mile = \$362 Per Diem - 3 days x \$46/day = \$138	\$713		\$713				\$713
Indirect Cost < 10% de Minimis 8.19% of Salary & Benefit cost (\$100,182 x 8.19% = 8207)	\$8,207		\$8,207				\$8,207
Operating Section Totals		\$0	\$33,151	\$0	\$0	\$0	\$33,151
OPERATING SECTION TOTAL							\$33,151

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Humboldt County - Probation Department				Subaward #:				
C. Equipment	Total Cost	Cash Match	In-Kind Match	VAWA Funds			COST	
N/A							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
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							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
	Equipment Section Totals							
		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EQUIPMENT SECTION TOTAL							\$0
	Category Totals							
<i>Same as Section 12G on the Grant Subaward Face Sheet</i>		\$0	\$33,333	\$100,000	\$0	\$0		
Total Project Cost								
							\$133,333	

Budget Narrative

The PSSP grant award to Humboldt County is projected to be \$100,000 with a cash or in-kind match of \$33,333. Humboldt County will use these monies to sustain the PSSP caseload by spending money in 4 basic areas: funding a 1.0 FTE Senior Probation Officer; subsidizing PSSP probationer's participation in Batterer's Intervention Programs (BIP); paying for the PSSP officer to attend training specific to the supervision of domestic violence; and indirect overhead costs.

The majority of the monies will be spent to fund 1.0 FTE Senior Probation Officer. The projected cost of the officer's salary and benefits is \$100,128. This represents the grant award almost in its entirety. This expenditure directly supports the Program's objectives and activities. A Senior Probation Officer is a lead officer with at least 2 years of experience in the community corrections field and completion of Probation Core and Law Enforcement 832 PC training. In Humboldt County, a Senior Officer will have also undergone training in CBT based case management. The Senior Probation Officer paid for by the grant will be directly responsible for the caseload of 40 probationers with domestic violence convictions which form the basis of the PSSP. The officer will be making the weekly contacts with the participants, providing ongoing case planning that targets criminogenic factors, contacting and coordinating with victims, and coordinating with BIP providers. These activities form the basis of the PSSP.

The second portion of the proposed budget includes monies to subsidize PSSP probationers participating in Batterer's Intervention Programs. These 52 week programs target an offender's underlying attitudes and beliefs and strive to teach them emotional regulation, empathy, and other behavioral controls. Participation in BIPs are mandated by California

Statutes for offenders with domestic violence convictions. In Humboldt County, there has been a significant issue with probationers accessing these programs due to cost. Many probationers are unable to pay for a BIP and end up on indigent waiting lists for several months. Addressing this issue directly supports the PSSP by providing services to the probationer which address their criminogenic needs making them less likely to reoffend.

The program utilizes two batterer's intervention programs- Humboldt Family Service Center (HFSC) and Men/Women Exploring New Directions (M/WEND). Each has an established rate for participation:

HFSC

Assessment appointment (1x): \$65

Group Class (weekly): \$25

M/WEND

Intake Appointment (1x): \$60

Individual Session (2x): \$50

Group Session (weekly): \$27

PSSP will arrange to subsidize participation on an individual basis. PSSP probationers are eligible for subsidy if the Senior Probation Officer assigned to the program identifies it as a need. Subsidization would occur for only those services actually received (sessions actually attended by the probationer). Participants assume responsibility for payment as they reintegrate into the community. Authorization for subsidies will occur in 90 day increments with the program having weekly sessions.

It is estimated the Program will approve forty (40) three-month subsidies with a majority participating in M/WEND. The total amount of costs is projected at \$18,988 which will be

included as part of the County's match. This may vary on offender population and success/failure rates. In addition a portion of the funds will be set aside to support transportation of offenders to and from treatment. Humboldt County is a remote rural region and transportation can be a significant barrier to access. Access to mass transit will aid in offender rehabilitation. This will fund a portion of the cash match for the County as well.

The third portion of the proposed budget is to pay for the Senior Probation Officer assigned to PSSP to attend training related to supervising domestic violence probationers, specifically the California Probation Officers Specialized Training. The grant requires 12 hours of training on this topic annually. Due to our remote location, almost all training requires overnight travel. These costs are included in the budget and estimated at \$713. It will be paid through cash match.

The final portion of the proposed budget is the indirect costs allowed through the salary and benefit costs for the Senior Probation Officer. That figure has a maximum allowance of 10% of salary and benefits which would be \$10,013. The proposed overhead costs for this program are \$8207, less than the 10% de minimis rate allowable.

The proposed budget has no necessity for subcontracts or unusual expenditures.

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative:

1. **SUBAWARD NUMBER:**
Enter the Subaward # as it appears on the approved Grant Subaward Face Sheet.
2. **PROGRAM TITLE:**
Enter the program, title as it appears on the approved Grant Subaward Face Sheet
3. **PERFORMANCE PERIOD:**
Enter beginning and ending dates of the performance period for the Grant Subaward.
4. **SUBRECIPIENT:**
Enter the Subrecipient name as it appears on the approved Grant Subaward Face Sheet.
5. **GRANT AMOUNT:**
Enter the amount of grant funds requested. This must be the same amount used on the budget pages and block 12G on the Grant Award Face Sheet.
6. **IMPLEMENTING AGENCY:**
Enter the implementing agency as it appears on the approved Grant Subaward Face Sheet.
7. **PROGRAM DESCRIPTION:**
Provide a description of the specific area of service Cal OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:**
Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:**
Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
10. **ACTIVITIES:**
Describe activities you will perform to accomplish each objective (quantify where possible).
11. **EVALUATION:**
Describe how project performance will be measured, if applicable. Note who will conduct the evaluation, (e.g., project staff, government personnel, or outside consultants).
12. **NUMBER OF CLIENTS TO BE SERVED:**
Enter the number of clients, if applicable.
13. **PROJECT BUDGET:**
Amounts in each category must be the same as the Budget Pages amounts. The total must be the same as the total in box 12G on the Grant Award Face Sheet.

PROJECT SUMMARY

1. Subaward #:

2. PROJECT TITLE

Probation Specialized Supervision (PU) Program

3. PERFORMANCE PERIOD

10/1/2016 to 9/30/2017

4. SUBRECIPIENT

Name: County of Humboldt Phone: 7074457266
Address: 825 5th Street Fax #: 7074457299
City: Eureka Zip: 95501

5. GRANT AMOUNT

(this is the same amount as 12G of the Grant Subaward Face Sheet)

\$ 133333

6. IMPLEMENTING AGENCY

Name: Humboldt County Probation Department Phone: 7074457401 Fax #: 7074437139
Address: 2002 Harrison Ave City: Eureka Zip: 95501

7. PROGRAM DESCRIPTION

The Probation Department utilizes the grant monies to maintain a specialized caseload of offenders on formal probation for a conviction of domestic violence, sexual assault, dating violence, and/or stalking. The grant provides for 1.0 FTE Senior Probation Officer. The caseload itself is capped at 40 offenders at any given time. Grant monies are also used to subsidize offender participation in certified Batterer Intervention Programs.

8. PROBLEM STATEMENT

The PSSP program addresses two fundamental problems in Humboldt County. First, due to scarcity of supervision resources, many DV offenders were placed on banked or low contact caseloads. The grant monies will allow the Probation Department to move these offenders back under intensive supervision.

Second, there is a high level of poverty in Humboldt County. Many of the offenders on probation do not have money to participate in treatment. Grant monies will allow offenders to access BIP treatment.

9. OBJECTIVES

1. Administer an intensive supervision caseload for DV offenders. The caseload will have a cap of 40 individuals at any given time. Contacts standards will be set at weekly face to face contacts with %40 of contacts to be completed in the field.
2. The PSSP officer will contact the victim(s) of the offenders on a monthly basis (when their location is known) and provide them linkage to services as needed.
3. Offenders on the program will be run through the Automated Firearm System (AFS) and any registered firearms will be removed from their possession.
4. Offenders will be referred to BIP treatment and if unable to pay, will be subsidized to facilitate immediate entry.

10. ACTIVITIES

1. Employ 1.0 FTE Senior Probation Officer
2. Senior Probation Officer will make reasonable efforts to see every offender on the caseload on a weekly basis with %50 of those contacts being in the field.
3. The Senior Probation Officer will contact victims of the the offenders assigned to the caseload where possible and refer them to community based services.
4. Supervising Probation Officer overseeing PSSP will conduct monthly case load reviews to ensure contact standards are met, and the population cap is followed.
5. The Probation Department support staff will check every offender assigned to the PSSP program through the Automated Firearm system and provide said information to the Senior Probation Officer..

11. EVALUATION (if applicable)

Offender contacts, victim contacts, recidivism, searches, and arrests will be tracked in the Department's case management system. Said information will be provided to CAL OES utilizing SQL queries.

12. NUMBER OF CLIENTS

(if applicable)

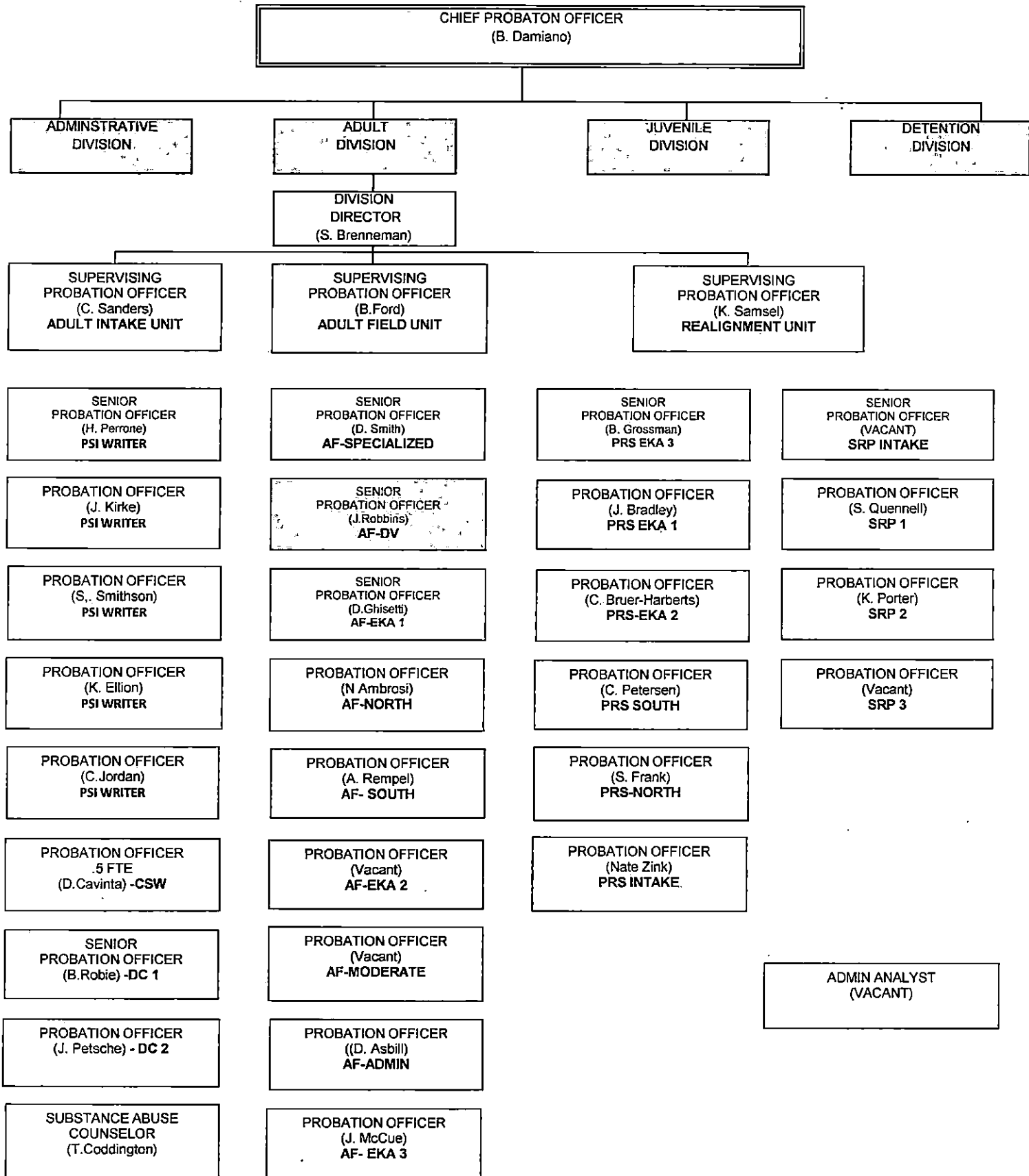
55

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
1.0 FTE Senior Probation Officer	\$100,182			\$100,182
Offender Treatment Services		\$18,988		\$18,988
Offender Transportation to Treatment		\$2,183		\$2,183
Training		\$713		\$713
Indirect Costs		\$8,207		\$8,207
In County Travel		\$3,060		\$3,060
Totals:	\$100,182	\$33,151	\$0	\$133,333

HUMBOLDT COUNTY PROBATION DEPARTMENT



NONCOMPETITIVE BID REQUEST CHECKLIST

Has the Applicant/Subrecipient met the following requirements of the *Subrecipient Handbook*:

	Check appropriate box:	<u>Yes</u>	<u>No</u>
<u>Section 3511</u>			
Do conditions exist that require a sole/single-source contract?		<input checked="" type="radio"/>	<input type="radio"/>
<u>Section 3521.1</u>			
Is a brief description of the program or project included?		<input checked="" type="radio"/>	<input type="radio"/>
<u>Section 3521.2</u>			
Was it necessary to contract noncompetitively?		<input checked="" type="radio"/>	<input type="radio"/>
Did the contractor submit his/her qualifications?		<input checked="" type="radio"/>	<input type="radio"/>
Is the reasonableness of the cost justified?		<input checked="" type="radio"/>	<input type="radio"/>
Were cost comparisons made with differences noted for similar services?		<input checked="" type="radio"/>	<input type="radio"/>
Is a justification provided regarding the need for contract?		<input checked="" type="radio"/>	<input type="radio"/>
<u>Section 3521.3</u>			
Is an explanation provided for the uniqueness of the contract?		<input checked="" type="radio"/>	<input type="radio"/>
<u>Section 3521.4</u>			
Are there time constraints impacting the project?		<input checked="" type="radio"/>	<input type="radio"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?		<input checked="" type="radio"/>	<input type="radio"/>

PRINT

RESET

Subaward #: _____

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
OUT-OF-STATE TRAVEL REQUEST

SUBRECIPIENT

Agency: _____
Project Director: _____ Phone #: _____
Address: _____
City: _____ Zip: _____

ATTENDEE(S)

Name: _____
Title: _____ Phone #: _____
Name: _____
Title: _____ Phone #: _____

TRIP DETAILS

Trip Date [Month/Day(s)/Year] _____
Destination (City/State) _____
Description (Meeting/Conference/Other) _____

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Subrecipient must attach Cost Worksheet to the Out-of-State Travel Request.

FOR CAL OES USE ONLY

Recommendation:

Approve **Disapprove**

Program Specialist

Date

Unit Chief

Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy – are the rates based on internal policy or the state’s travel policy? Please specify:

Internal Travel Policy State Travel Policy

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION:	AMOUNT
Airfare:	\$ _____
Additional Airport Expenses	
Mileage: (54 cents per mile)	\$ _____
Taxi/Shuttle:	\$ _____
Parking:	\$ _____
Auto Expenses:	
Private Car:	\$ _____
Rental Car:	\$ _____
State/Agency Car:	\$ _____
 HOTEL/PER DIEM	
Hotel:	
_____ days @ \$ _____ per day =	\$ 0 _____
Per diem:	
_____ days @ \$ _____ per day =	\$ 0 _____
 OTHER EXPENSES	
Registration/Conference Fee:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL COSTS NOT TO EXCEED:	\$ 0 _____

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

Humboldt County

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

California- 2nd Congressional District

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

California - 2nd Assembly District

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

California - 2nd Senate District

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

134,089

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE & VICTIM SERVICES DIVISION**

**COMPUTERS AND AUTOMATED SYSTEMS
PURCHASE JUSTIFICATION GUIDELINES**

As stated in the *Subrecipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

Please answer the following questions. Attach as many pages as necessary to fully answer each question.

1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Subaward.
2. If the request is for hardware and software in which the total costs exceed \$25,000, describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one, and whether it will be integrated with other systems. In your description please, be specific as to type and location of hardware/software and how the system will be operated and maintained.

CERTIFICATION OF ASSURANCE OF COMPLIANCE
With Statutory Requirements of the Violence Against Women Act (VAWA) Fund As Amended,
Services*Training*Officers*Prosecutors (STOP) Formula Grant Program .

The applicant must complete a Certification of Assurance of Compliance-VAWA (Cal OES 2-104g), which includes details regarding Federal Grant Funds, Equal Employment Opportunity Program, Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, Proof of Authority from City Council/Governing Board, Civil Rights Compliance, and the special conditions for Subaward with the above mentioned fund. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Subaward. In signing the Grant Subaward Face Sheet, the applicant formally notifies Cal OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. Cal OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VII, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

CERTIFICATION OF ASSURANCE OF COMPLIANCE
With Statutory Requirements of the Violence Against Women Act (VAWA) Fund As Amended,
Services*Training*Officers*Prosecutors (STOP) Formula Grant Program

I, William Damiano hereby certify that
(official authorized to sign Subaward; same person as Section 14 on Subaward Face Sheet)

SUBRECIPIENT: County of Humboldt

IMPLEMENTING AGENCY: Probation Department

PROJECT TITLE: Probation Specialized Supervision (PU) Program

is responsible for reviewing the *Subrecipient Handbook* and adhering to all of the Subaward requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

I. Federal Grant Funds

Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Subrecipient Handbook for more detail.

- The above named Subrecipient receives \$750,000 or more in federal grant funds annually.
- The above named Subrecipient does not receive \$750,000 or more in federal grant funds annually.

II. Equal Employment Opportunity – (*Subrecipient Handbook Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Daniel Fulks

Title: Director of Human Resources

Address: 825 5th Street, Room 100, Eureka CA 95501

Phone: 707-476-2349

Email: DFulks@co.humboldt.ca.us

III. Drug-Free Workplace Act of 1990 – (Subrecipient Handbook, Section 2152)

The State of California requires that every person or organization subawarded a grant or contract shall certify it will provide a drug-free workplace.

IV. California Environmental Quality Act (CEQA) – (Subrecipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

V. Lobbying – (Subrecipient Handbook Section 2154)

Cal OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

VI. Debarment and Suspension – (Subrecipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal OES funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VII. Proof of Authority from City Council/Governing Board

The above named organization (Applicant) accepts responsibility for and will comply with the requirement to obtain a signed resolution from the City Council/Governing Board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES shall not be used to supplant expenditures controlled by the City Council/Governing Board.

The Applicant is required to obtain a signed resolution from the City Council/Governing Board illustrating that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain the signed resolution on-site, and a copy must be readily available upon request by Cal OES.

VIII. Civil Rights Compliance

The subrecipient complies with all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

IX. Special Condition for Grant Subaward with Violence Against Women Act (VAWA) Funds

- **Filing Costs for Criminal Charges and Protection**

Its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, dating violence, sexual assault, or stalking offense, or in connection with the filing, issuance, registration, modification, enforcement, dismissal, withdrawal or service of a protection order, or a petition for a protection order, to protect a victim of domestic violence, dating violence, sexual assault or stalking, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, modification, enforcement, dismissal, withdrawal or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the State, tribal, or local jurisdiction.

- **Forensic Medical Examination Payment Requirement for Victims of Sexual Assault**

The state or territory, Indian tribal government, unit of local government, or another governmental entity incurs the full out-of-pocket cost of forensic medical exams for victims of sexual assault, coordinates with health care providers in the region to notify victims of sexual assault of the availability of rape exams at no cost to the victims, and does not require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, or to be reimbursed for charges incurred on account of such an exam, or both.

- **Judicial Notification**

The State's or unit of local government's judicial administrative policies and practices include notification to domestic violence offenders of the requirements delineated in section 922(g)(8) and (g)(9) of title 18, United States Code, and any applicable related Federal, State, or local laws.

- **Polygraph Testing Prohibition**

Its laws, policies, or practices ensure that no law enforcement officer, prosecuting officer or other Government official shall ask or require an adult, youth, or child victim of an alleged sex offense as defined under Federal, tribal, state, territorial, or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense.

Under 42 U.S.C. 3796gg-8(b), the refusal of a victim to submit to a polygraph or other truth telling examination shall not prevent the investigation, charging, or prosecution of an alleged sex offense by a state, Indian tribal government, territorial government, or unit of local government.

- **Nondisclosure of Confidential or Private Information Regarding Services for Victims**

Recipients and Subrecipients shall not:

- (i) disclose, reveal, or release any personally identifying information or information collected in connection with services requested, utilized, or denied through Recipient' and Subrecipient' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or
- (ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person and/or parent or guardian about whom information is sought, unless the disclosure of the information is compelled by statutory or court mandate. If release of information is compelled by statutory or court mandate, Recipients and Subrecipients shall make reasonable attempts to provide notice to victims affected by the disclosure of information and shall take steps necessary to protect the privacy and safety of the person affected by the release of the information.

- **Consultation and Documentation with Local Victim Services Programs**

(Applies only to law enforcement, prosecution and the courts)

Tribal, territorial, State, or local prosecution, law enforcement, and courts must consult with tribal, territorial, State or local victim service programs during the course of developing their grant applications. This will ensure that proposed activities and equipment acquisitions are designed to promote the safety, confidentiality, and economic independence of victims of domestic violence, sexual assault, stalking and dating violence.

All appropriate documentation must be maintained on file by the project and available for Cal OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) The Subrecipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Subaward [Section 14 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subrecipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: Bill Damiano

Authorized Official's Typed Name: Bill Damiano

Authorized Official's Title: Chief Probation Officer - County of Humboldt

Date Executed: Sept 27, 2016

Federal Employer ID #: 94-6000513 Federal DUNS # 78583985

Current Central Contractor Registration Expiration Date: 3/13/2017

Executed in the City/County of: Humboldt

AUTHORIZED BY: (not applicable to State agencies)

- | | |
|---|---|
| <input type="checkbox"/> City Financial Officer | <input type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> County Manager |
| <input checked="" type="checkbox"/> Governing Board Chair | |

Signature: Mark Lovelace

Typed Name: Mark Lovelace

Title: Supervisor - Chairperson