



## COUNTY OF HUMBOLDT

AGENDA ITEM NO.

**C-13**

For the meeting of: September 15, 2015

Date: 9/10/2015  
To: Board of Supervisors  
From: Maggie Fleming, District Attorney  
Subject: California Governor's Office of Emergency Services (Cal OES) Grant Award Amendment  
Victim Advocacy and Outreach Program

### RECOMMENDATION(S):

That the Board of Supervisors:

1. Authorizes the Chair to sign the attached Grant Award Amendment of Term and Award Amount for Victim Advocacy and Outreach Program.
2. Directs the Clerk of the Board to process and return the Grant Award Amendment to the District Attorney's Office, attention Rachelle Davis, for submission to Cal OES.

### SOURCE OF FUNDING:

State of California, Governor's Office of Emergency Services (Cal OES)

Prepared by Rachelle Davis

CAO Approval

*Chyl Dillingham*

#### REVIEW:

Auditor \_\_\_\_\_ County Counsel \_\_\_\_\_ Human Resources \_\_\_\_\_ Other \_\_\_\_\_

#### TYPE OF ITEM:

☒ Consent  
☐ Departmental  
☐ Public Hearing  
☐ Other \_\_\_\_\_

#### PREVIOUS ACTION/REFERRAL:

Board Order No. C-10, C-8

Meeting of: October 21, 2014, April 21, 2015

#### BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Bass* Seconded by Supervisor *Lorelace*

Ayes *Sundberg, Lorelace, Fennell, Bohn, Bass*  
Nays  
Abstain  
Absent

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

Dated: *Sept. 15, 2015*

By: *Kathy Hayes*

Kathy Hayes, Clerk of the Board

## DISCUSSION:

In July 2014, the District Attorney submitted an application for annual funding through the California Governor's Office of Emergency Services for FY 2014-15, for the Underserved Victim Advocacy and Outreach Program. The grant funding is made available through the Federal Victims of Crimes Act (VOCA), Assistance and is authorized by the Victims of Crime Act of 1984, as amended. The annual application was approved for funding in the amount of \$125,000, in September 2014. The District Attorney has since been given permission by Cal OES to apply for a grant award augmentation in the amount of \$4,733, increasing the annual program funding to \$129,733. The District Attorney was contacted on September 9, 2015 that the grant period would be extended until March 31, 2016 and given permission by Cal OES to apply for a grant award augmentation in the amount of \$62,500, increasing the program funding to \$192,233.

The primary goal of the Underserved Victim Advocacy and Outreach Program is to enhance the safety of underserved victim populations in Humboldt County by establishing victim advocate positions and specialized services to victims of violent crimes who have historically been underserved due to race, socio-economic status, disability, or sexual orientation. Some of the services provided to underserved victims include crisis counseling, criminal justice support/advocacy, filing victim compensation claims, emergency financial assistance, and referrals to other support agencies.

## FINANCIAL IMPACT:

Approval of the grant award augmentation will allow the County to be reimbursed for an additional \$62,500 in VOCA bringing the maximum of \$192,233 for services performed in accordance with the scope of work described in the grant for the period of October 1, 2014 through March 31, 2016. The grant requires an obligation of a cash match from the Humboldt County General Fund in the amount of 15,625. This obligation will be met by Victim Witness Program Coordinator's salary. Funds were budgeted in FY 2015-16 for this program and local match no budget adjustment is needed at this time.

Approval of the requested grant award augmentation in the amount of \$62,500 supports the Board's Strategic Framework by seeking outside funding sources to benefit Humboldt County needs by working to provide programs that protect vulnerable populations.

## OTHER AGENCY INVOLVEMENT:

Cal OES

## ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board may choose not to approve the grant award augmentation. This is not recommended as it would cause a loss of anticipated revenue for the District Attorney. Furthermore it would prevent Victim Witness staff from providing services and resources in order to better serve the community.

## ATTACHMENTS:

1. Grant Award Amendment



**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**
**GRANT SUBAWARD AMENDMENT**
**SUBAWARD #:** UV14050120

Federal Grant # \_\_\_\_\_ FIPS# \_\_\_\_\_ Amendment# 2  
 Project # \_\_\_\_\_ DUNS# 034150203 Performance Period 10/01/2014 to 03/31/2016

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

The Recipient agrees to the amendment of this Grant Award Agreement as specified below:

Grant Award Agreement UV14050120 between the parties hereto is hereby amended to:

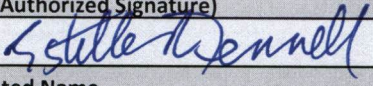
Increase the 15VOCA funds by \$ 62,500 from 0 to 62,500.

Increase the 15VOCA match by \$ 15,625 from 0 to 15,625.

Increase the Total Project Cost by \$78,125 from \$162,166 to \$240,291.

Change the end date of the Grant Award from 9/30/15 to 3/31/16.

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

Subrecipient (Certification and Signature of Authorized Agent)				
By (Authorized Signature)		Date		
		9-15-2015		
Printed Name		Title		
Estelle Fennell		Chairman of the Board of Supervisors		
Address				
825 Fifth Street, Eureka, CA 95501				
Governor's Office of Emergency Services (For Cal OES use only)				
By Director or Designee		Date		
Printed Name		Title		
Amount Encumbered by this Document	Program/Component	Match	Item	
Prior Amount Encumbered	Fund Source	Chapter	Statute	Fiscal Year
Total Amount Encumbered to Date	PCA #	Project #	CFDA #	
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		



# Cal OES Grant Award Modification

MAIL TO: California Governor's Office of Emergency Services  
3650 Schriever Ave.  
Mather, CA 95655

Check correct unit:



Criminal Justice



DV, SA, VW & Children's

1. Award # UV14050120

2. Modification #: 3

(Indicate unit on envelope)

3. Recipient/Implementing Agency County of Humboldt / Office of the District Attorney, County of Humboldt

4. Project Title: Unserved/Underserved Victim Advocacy and Outreach Program

5. Contact Person: Rachelle Davis

Phone: (707) 445-7411 Ex:          Fax: (707) 445-7416

Email Address: rdavis@co.humboldt.ca.us

6. Grant Period: 10/01/2014 to 03/31/2016

7. Payment Mailing Address: 825 5th Street, 4th Floor, Eureka, CA 95501



Check here if new.

## 8. Revision to Budget

Grant	Current Allocation (CA) Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
14	VOCA	\$100,750	\$12,594		\$113,344		\$28,336		\$28,336	\$141,680
13	VOCA	\$11,656			\$11,656		\$2,914		\$2,914	\$14,570
15	VOCA				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change (PC)</b> [add (+) or subtract (-) from budgeted amount]										
14	VOCA				\$0				\$0	\$0
13	VOCA				\$0				\$0	\$0
15	VOCA	\$49,137	\$13,363		\$62,500	\$15,625			\$15,625	\$78,125
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation (RA)</b>										
14	VOCA	\$100,750	\$12,594	\$0	\$113,344	\$0	\$28,336	\$0	\$29,519	\$142,863
13	VOCA	\$11,656	\$0	\$0	\$11,656	\$0	\$2,914	\$0	\$2,914	\$14,570
15	VOCA	\$49,137	\$13,363	\$0	\$62,500	\$15,625	\$0	\$0	\$15,625	\$78,125
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



Check when completed

9. Justification for Modification: (If necessary, continue the justification on page 3.)

Grant Augmentation of \$62,500 with a cash match of \$15,625 in VOCA 15 funds necessitates this Modification. All Additional VOCA Funds will be allocated toward program applicable operating expenses. All other provisions of the grant will remain the same.

### 10. Local Approvals

Maggie Fleming

Project Director (typed name)

Steve Edmiston, Assistant Auditor-Controller

Financial Officer (typed name)

Project Director Signature

Date:

Financial Officer Signature

Date:

Cal OES Approval Signatures

**Cal OES USE ONLY**

Program Specialist

Date:

Supervisor

Date:

Grants Processing

Date:



# CAL OES GRANT AWARD MODIFICATION

## Cal OES 2-223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds\*
- Reporting Project Income
- Change in Program Objectives
- Agency Name Change\*
- Grant Extensions\*
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address

\*requires submission of a Grant Award Amendment form

**1. GRANT AWARD NUMBER**

Enter the Grant Award number as it appears at the top of the approved "Grant Award Face Sheet."

**2. MODIFICATION NUMBER:**

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

**3. RECIPIENT/IMPLEMENTING AGENCY:**

Enter the grant recipient and implementing agency names as they appear on lines 1 & 2 of the approved "Grant Award Face Sheet".

**4. PROJECT TITLE:**

Enter the project title as it appears on the approved "Grant Award Face Sheet."

**5. CONTACT PERSON:**

Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.

**6. GRANT PERIOD**

Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.

**7. ADDRESS:**

Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.

**8. REVISION TO BUDGET:**

If this modification affects the budget, select the grant year and program acronym from the drop down lists under Current Allocation (if unsure what the acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any and total across. Enter the proposed change amounts and total. (If your calculations are correct your totals will be 0). Enter the revised allocation amounts in the Revised Allocation section.

**9. JUSTIFICATION FOR MODIFICATION:**

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.

**10. LOCAL APPROVAL NAME AND SIGNATURES:**

Please type the names of and provide original signatures for the Project Director and the Financial Officer as shown on the "Signature Authorization Form (Cal OES 2-103)." This is requirement for all modification requests.

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	ICAC	Internet Crimes Against Children	PSNC	Project Safe Neighborhood - Central	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
CJA0	Child Justice Act	JAG0	Justice Assistance Grant	PSNE	Project Safe Neighborhood – Eastern	VOCA	Victims of Crime Act
DNAP	Post-conviction DNA Testing Assistance Program	JAGI	Recovery Grant - Justice Assistance Grant Interest	PSNN	Project Safe Neighborhood - Northern		
FSIA	Forensic Sciences Improvement	JAGR	Recovery Act - Justice Assistance Grant	RSAT	Residential Sub Abuse Treatment		
FVPS	Family Violence Preventive Services	JAGX	Justice Assistance Grant	SASP	Sexual Assault Services Program		
STATE PROJECT ACRONYMS							
DVP0	Domestic Violence	HY00	Homeless Youth	VLRC	Victims Legal Resource Center		
CSAE	Child Sexual Abuse & Exploitation	LSPA	Local Safety and Protection Account	VWA0	Victim Witness Assistance		
CSAP	Child Sexual Abuse Treatment/Training	PPPD	Public Prosecution / Defend Training	YET0	Youth Emergency Telephone		
EPSD	Equality in Preventive Service	RCP0	Rape Crisis Program				
FV00	Family Violence Prevention	RCP5	Rape Crisis Program				



# BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: County of Humboldt				Subaward #: UV14050120			
A. Personal Services – Salaries/Employee Benefits	VOCA 15	Match (VOCA 15)	VOCA 14	Match (VOCA 14)	VOCA 13	Match (VOCA 13)	COST
<b>SALARIES</b>							\$0
<b>Program Coordinator @.20 FTE</b>			\$14,316				\$14,316
\$71,579.20/yr @.20FTE = \$14,315.84							\$0
(BU 220 @ .05FTE = \$3,578.96)							\$0
(BU 291 @ .20FTE = \$14,315.84)							\$0
(BU 208 @.75FTE = \$53,684.40)							\$0
<b>CASH MATCH</b>							\$0
<b>Program Coordinator @ 1.0 FTE 3 Grant Programs</b>							\$0
(\$71,579.20/yr)/3 programs = \$23,859.73							\$0
(adjusted for funding) = \$15,625		\$15,625					\$15,625
<b>Victim Witness Program Specialist 1.0 FTE</b>			\$23,299		\$11,656		\$34,955
(26 pp @ \$1,344.41/pp = \$34,954.66) 14/15 FY							\$0
							\$0
<b>Victim Witness Program Specialist 0.5 FTE</b>			\$17,477				\$17,477
(26 pp @ \$672.21/pp = \$17,477.46) 14/15 FY							\$0
							\$0
<b>Victim Witness Program Specialist 1.0 FTE</b>							\$0
(26 pp @ \$1,344.41/pp = \$34,954.66) 14/15 FY							\$0
							\$0
<b>Victim Witness Program Specialist 1.0 FTE</b>	\$18,902						\$18,902
(13 pp @ \$1,453.97/pp = \$18,901.61) 15/16FY							\$0
							\$0
<b>Victim Witness Program Specialist 0.5 FTE</b>	\$8,991						\$8,991
(13 pp @ \$691.62/pp = \$8,991.06) 15/16 FY							\$0
							\$0
							\$0
<b>Program Coordinator @ .20FTE</b>			\$7,223				\$7,223
SUI - \$536.77 @ 20% = \$62.65							\$0
Health - \$13,050.55 @ 20% = \$2,610.11							\$0
Life - \$65.28 @ 20% = \$13.06							\$0
Dental - \$930.20 @ 20% = \$186.04							\$0
PERS - 16,282.12 @ 20% = \$3,256.42							\$0
FICA/MC - \$5,475.81 @ 20% = \$1095.16 14/15 FY							\$0
							\$0
Total = \$24,576.16							\$0
<b>Victim Witness Program Specialist 1.0 FTE</b>			\$18,918				\$18,918
SUI: \$262.16 Health: \$7,061.76							\$0
Dental: \$930.20 PERS: \$7,951.13							\$0
Life: \$38.88 FICA/MC: \$2,674.03							\$0
							\$0
<b>Victim Witness Program Specialist .05 FTE</b>			\$18,257				\$18,257
SUI: \$131.08 Health: \$12,813.12							\$0
PERS: \$3,975.57							\$0
FICA/MC: \$1,337.01 14/15 FY							\$0
							\$0
<b>Victim Witness Program Specialist 1.0 FTE</b>	\$10,189						\$10,189
SUI: \$134.87 Health: \$3,975.36							\$0
Dental: \$437.5 PERS: \$4,248.25							\$0
Life: \$17.64 FICA/MC: \$1,375.62							\$0
(@ 13pp or half a year)							\$0
							\$0
<b>Victim Witness Program Specialist .05 FTE</b>	\$9,950						\$9,950
SUI: \$67.43 Health: \$7,070.76							\$0
PERS: \$2,124.13							\$0
FICA/MC: \$687.81							\$0
(@ 13pp or half a year)							\$0
							\$0
Workers' Compensation Insurance - set by County Risk	\$1,105		\$1,260				\$2,365
<b>Personal Section Totals</b>	<b>\$49,137</b>	<b>\$15,625</b>	<b>\$100,750</b>	<b>\$0</b>	<b>\$11,656</b>	<b>\$0</b>	<b>\$177,168</b>
<b>PERSONAL SECTION TOTAL</b>							<b>\$177,168</b>