

## GRANT SUBAWARD MODIFICATION

Mall To: Cal OES Victim Services Branch  
3650 Schriever Avenue  
Mather, CA 95655

1. Subaward Number: PU19 02 0120  
2. Modification Number: 1  
3. Performance Period: 06/01/2020 to 09/30/2020

4. Subrecipient/Implementing Agency: County of Humboldt/ Probation Department

5. Payment Mailing Address (Zip +4): 2002 Harrison Ave. Eureka, CA 95501 Check If New

**6. Revision to Budget**

Fiscal Year	Fund Source (Select from drop down list)	Grant Funds				Required Match			Total Amount	
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment		
<b>Current Allocation (from your last approved budget)</b>										
2019	VAWA	\$90,000	\$0	\$0	\$90,000	\$4,513	\$25,487	\$0	\$30,000	\$120,000
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change (add (+) or subtract (-) from budgeted amount)</b>										
2019	VAWA	\$0	\$0	\$0	\$0	\$2,417	-\$2,417		\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation</b>										
2019	VAWA	\$90,000	\$0	\$0	\$90,000	\$6,930	\$23,070	\$0	\$30,000	\$120,000
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.)**

The Probation Officer originally assigned to this caseload left employment amid the covid crisis and the department was unable to replace her right away. A replacement has now been selected however the difference between their salary and benefit costs have resulted in some match dollars moving from the operating expenses to personal services budget categories. Under other circumstances, a budget modification might not have been submitted for a change so minor however, there are concerns about the effects that the covid crisis

**8. Subrecipient Approvals**

Project Director (typed name) <u>Coral Sanders</u>	Project Director Signature 	Date <u>6-5-20</u>
Financial Officer (typed name) <u>Elisha Hardison</u>	Financial Officer Signature 	Date <u>06/05/2020</u>

**Cal OES USE ONLY**

Program Specialist Signature	Date	Unit Chief Signature	Date
_____	_____	_____	_____
Grants Processing Signature	Date		
_____	_____		

**7. Justification for Modification (cont.)**

may have on local batterer intervention programs (BIPs). Humboldt County Probation provide subsidies individuals on this caseload to attend BIPs and uses those subsidies as match for this grant. Some BIPs in our area have ceased operations permanently due to the crisis and others are struggling to move toward a remote platform. For this reason, moving even a small amount of match from operating expenses and into personal services could be beneficial. In addition to the budget modifications, there has also been a change to the Certification of Assurance of Compliance - STOP (Cal-OES 2-104g) since the grant application was submitted and a modification is required for the new form. Please see the updated 2-104g included.