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

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

A. Location of Project: Visalia Tulare	i. Jubi	ecipient: Cou	nty of Tulare					1a. DUNS	#: 071861884
A. Location of Project: Visalia	2. Impl	ementing Agend	Office of the I	District Attorney				2a. DUNS	# : 788533777
A. Location of Project: Visalia	3. Impl	ementing Agend	y Address: 22	S. Mooney Bl	vd., Room 224		Visalia		93291+4543
5. Disaster/Program Title: Victim/Witness Assistance Program 6. Performance Period: 10/1/2018 to 9/30/2019 7. Indirect Cost Rate: N/A; 10% de minimis; Federally Approved ICR / % Grant Fund Source A. State B. Federal C. Total Match Match Match Match Cost Year Fund Source A. State B. Federal C. Total Match Match Match Cost 2017 8. VOCA \$469.268 \$52.010 \$521.27 2017 9. WWA0 \$65,307 \$187,680 \$46,920 \$46,920 \$24,60 2018 10. VOCA \$187,680 \$46,920 \$46,920 \$24,60 2019 11. Select \$50 \$50 \$50 \$50 \$50 2018 10. Federal Select \$50 \$50 \$50 \$50 \$50 \$50 2018 10. Federal Select \$50 \$50 \$50 \$50 2018 10. Federal Select \$50 \$50 \$50 \$50 2018 10. Federal Select \$50 \$50 \$50 \$50 2018 11. Select \$50 \$50 \$50 2018 12. Select \$50 \$50 \$50 2018 13. Cartification - This Grant Subaward consists of this title page, the application for the grant, which is stached and made a part hereof, and the Assurances/Cartifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/Cown prince for Chair, or other Approving Bood, 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 certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward and an approved pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward and an approved purpose specified in the Grant Subaward and an approved purpose specified in the Grant Subaward and approved purpose 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, please attains a statement that indicates set and refederal laws, audit requirements, federal porgam guidance, and approved purpose and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the exement of the State	4. Loca	ition of Project:	Visalia	Stre	eet			City	Zip+4 93291+4543
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Name: Kuyler Crocker Title: Chair, Tulare Co. Board of Supervisors Telephone: (559) 636-5000 (area code) FAX: (559) 733-6898 (area code) Email: grants@co.tulare.ca.us Payment Mailing Address: 221 S. Mooney Blvd., Room 224 City: Visalia Zip+4: 93291+454 Signature: Date:	13. Cer	1.52 6 6	4 5 7 8 7 7 1						
Telephone: (559) 636-5000 FAX: (559) 733-6898 Email: grants@co.tulare.ca.us Payment Mailing Address: 221 S. Mooney Blvd., Room 224 City: Visalia Zip+4: 93291+454 Signature: Date:	omicer, agreeme grant pr policy a 14. <u>CA</u> identifia Public R	iffication - This Gran ices/Certifications. I City Manager, Count ent will be spent exclopect in accordance of program guidanc Public Records Act ble information or precords Act, please a	nt Subaward consists hereby certify I am v y Administrator, Gov lusively on the purpo with the Grant Subaw e. The Subrecipient for Grant applications a rivate information on attach a statement that	of this title page, the sted with the autherning Board Chairses specified in the aard as well as all a urther agrees that the subject to the Cthis application. If the indicates what put indicates what pu	he application for the tority to enter into to to other Approving or other Approving pplicable state and he allocation of fun alifornia Public Recyou believe that any ortions of the applic prination will not be	ne grant, which is a his Grant Subawaru g Body. The Subre The Subrecipient ac federal laws, audit ds may be conting cords Act, Governmy of the information action and the basis disclosed.	ttached and made a plant and have the appropriate that accepts this Grant Subtraction of the control of the control of the control of the control of the exemption. You are putting on the exemption. You are the exemption.	part hereof, and the city/Co all funds received award and agrees it program guideling of the State Budg of the seq. Do not phis application is a cour statement the	e unty Financial pursuant to this to administer the les, and Cal OES et.
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APPROVED AS TO FORM:
COUNTY COUNTS!
BY DEPUTY (2019178)