

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd By: _____

DEPARTMENT District Attorney	NAME OF CONTACT Theresia Sweeney	PHONE NUMBER 527-3053	BUDGET UNIT 2011
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TITLE OF GRANT Tehama County Victim/Witness Center

GRANTOR AGENCY State of California-Emergency Management Agency

GRANT OBJECTIVES To assist victims/witnesses in criminal cases

GRAND I.D. NO. VW15 21 0520 Federal Catalog # (if applicable): _____

GRANT PERIOD From: 07/01/16 To: 06/30/17 Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: 06/07/17

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: 3/21/17

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING	Fiscal Year: 2016/2017	Fiscal Year:
FEDERAL	\$128,464	
STATE	\$68,751	
OTHER	\$0	
1. TOTAL GRANT FUNDS	\$197,215	

COUNTY FUNDING		
HARD MATCH (dollars)	\$0	
SOFT MATCH (In-kind)	\$0	
2. TOTAL COUNTY MATCH	\$0	

USE OF FUNDS		
PERSONNEL (attach detail)	\$167,624	
SERVICES/SUPPLIES	\$6,139	
EQUIPMENT	\$23,452	
OTHER CHARGES	\$0	
TOTAL FUNDS (must also = 1+2 above)	\$197,215	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse Advance

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Every quarter

EXPENDITURE DEADLINE: 6/30/2017

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes No

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes No

A 0.9 Victim/Witness Coordinator position and a 1.0 Victim/Witness Advocate position would be lost if this grant application is not approved.

DEPARTMENT HEAD SIGNATURE _____ DATE 02/27/17 Form A-135 (Rev 8-21-07)