# CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

GRANT SUBAWARD AMENDMENT	SUBAWARD #: VW 15 34 0100		
Federal Grant # FIPS#	Amendment# 1		
Project # DUNS# 932953037	Performance Period 7/1/2015 to 6/30/2016		
This amendment is between the California Governor's Office of Grant Subrecipient: County of Fresno	f Emergency Services, hereafter called Cal OES, and the		
The Recipient agrees to the amendment of this Grant Awa	ard Agreement as specified below:		
Grant Subaward VW15340100 between the parties hereto	is hereby amended to:		
Increase the 15VOCA funds by \$237,223 from \$357,708 to	o \$594,931.		
Increase the 15VOCA Match by \$59,306 from \$89,427 to \$	\$148,733.		
Increase the Total Project Cost by \$237,223 from \$718,84	1 to \$956,064.		
All other provisions of this agreement shall remain as prev	iously agreed upon.		
ATTEST:  BERNICE E. SEIDEL, Clerk  Board of Supervisors  By Susan Bishop  Deputy			
Subrecipient (Certification and	Signature of Authorized Agent)		
By (Authorized Signature)	Date		
Ent Buly grunde	march 1, 2016		
Printed Name	Title		
Emest Buddy Mendes	Chairman, Board of Supervisors		
Address			
2281 Tulare Street, Room 300, Fresno, CA 93721-1098	voice and the second se		
Governor's Office of Emergency Se	ervices (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	e available for the period and purpose of the expenditure stated abov		
Signature of Cal OES Fiscal Officer	Date		

# **GRANT SUBAWARD MODIFICATION**

	California Governor		ergency Service	s	Check cor			Subaward#	VW1534	10100
	3650 Schriever Ave Mather, CA 95655:			Crimin		DV. SA, VW & on envelope)		. Modification	# 1	
Subrec	cipient/Implemen	iting Agency:	Count	y of Fresno	o/Probation	n Departme	ent			
Projec		im Witness	_							
Contac	t Person: Nor	abelle R. E	legado		Phone:	(559) <del>6</del> 00-1	246	Fax:	(559)60	0-1304
Email	Address: nele	egado@co				rmance Peri		to 6	/30/16	
Payme	ent Mailing Addr	ess: 3333	E America				725		] Check he	ere if new.
-	Current				sion to Bu	dget				
	Allocation	A.		Grant Funds			Required Match			
FISCAL YEAR	Select Acronym from list	Personal Services	Operating Expenses	C. Equipment	Fund Total	Personal Services	B. Operating Expenses	C. Equipment	Match Total	Total
5	VOCA	\$357,708			\$357,708			TEGHICAT I	\$0	\$357,708
5	VWA0	\$361,133			\$361,133				\$0	\$361,133
	Fund				\$0		-		\$0	\$0
٢	Fund				\$0				\$0	\$0
r	Fund				\$0				\$0	\$0
ropose	d Change (add (	+) or subtract	(-) from budg	eted amount						
5	VOCA	\$237,223			\$237,223	Carry Hall In			\$0	\$237,223
5	VWA0				\$0				\$0	\$0
r	Fund				\$0				\$0	\$0
r	Fund			11613	\$0	1			\$0	\$0
r	Fund				\$0				\$0	\$0
evised	Allocation	7								
5	VOCA	\$594,931	\$0	\$0	\$594,931	\$0	\$0	\$0	\$0	\$594,931
5	VWA0	\$361,133	\$0	\$0	\$361,133	\$0	\$0	\$0	\$0	\$361,133
r	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
r	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
r	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	ification for Mo		necessary	, continue t	he justificati	on on page	3.)		Chec	ck to Total
	LINDA ACOS					G REINKE		21		
Project (	Director (typed par	rie / A		11/20	Finan	cial Officer (ty	ped name)		11/-	10/-
10	Director Signature	vesse		Date	0 1	rcial Official Sig	Test.		Date	102/07
C	S Approval Signature				Y.INCY BELD	Control Children Sign	mature		Date	
	n Specialist			Date		nit Chief			Date	
						THE POST			-,	
Grants F	Processing			Date						



# Victim of Crime Act Victim Assistance Formula Grant 2015/2016 Increase Supplemental Information Form

Please complete all information below and submit with the Cal OES Grant Subaward Amendment or Grant Subaward Application.

Grant Subaward #:	VW15340100
	\$718,841
Original Grant Subaward Amount (cash only):	
VOCA Increase Amount (cash only):	\$237,223
Percent of Increase (increase cash amount ÷ original cash amount	33%
Please indicate what the increased funds will be used for, including of funds used for each category chosen.	Projected Percent
	of Increase
Access to Services for Victims with Disabilities	%
Additional Programmatic Objectives (specify in narrative)	%
Civil/Criminal Legal Assistance	%
Clinical Therapy	%
Court Accompaniment Dog	%
Data Collection Systems	%
Direct Financial Assistance	%
	80.31%
☐ Increased Staffing	
☐ Increased Staffing ☐ Improving Community Coordination	%
	%
☐ Improving Community Coordination	11.00

8. Please provide a narrative description of your agency's plan for use of additional funds. The funds will be utilized to add three Victim Advocate positions who will provide a comprehensive array of direct services to victims of crime, including the fourteen mandatory services and all ten of the optional services delineated in Penal Code Section 13835. It will

also pay for the conversion of two existing Victim Advocate positions to Senior Victim Advocate positions and salary increases for the Victim Advocate positions.

Subrecipient: County of Fresno	Subaward #:	VW15340100		
	VOCA 15	MATCH	VWA0 15	
A. Personal Services – Salaries/Employee Benefits	100		N. L. P. S.	COST
Project Coordinator (Probation Services Manager) 1 @ 100% Salary - (\$2,941 x 26 pay period) = \$76,466			\$76,466	\$0 \$76,466
Jnemployment00018 of salary - \$74,466 x .00018 = \$14 (will not claim)	1 1		0,0,00	\$0
Retirement - 62 47% of Salary (\$76,466 x 62 47% = \$47,768)			\$47,768	\$47,768
DASDI - 7.65% of Salary (\$76,466 x 7.65% = \$5,850)			\$5,850	\$5,850
Health Insurance - \$5,843 per annum per FTE			\$5,843	\$5,843
Life & Disability Insurance - \$292 per annum (Manager only) (will not claim) Benefit Administration - \$113 per annum per FTE (will not claim)				\$0 \$0
SR. VICTIM WITNESS ADVOCATE 2 @ 100 % (Step 4)		ļ		
Salary - (\$1,590 x 7 pay period x 2 employees = \$22,260)	\$22,260			\$22,260
Salary - (\$1,746 x 5 pay penod x 2 employees = \$17,480)	\$17,480			\$17,480
Salary - (\$1,866 x 14 pay period x 2 employees = \$52,246) Unemployment00018 of salary (\$91,988 x .00018 = \$17) (will not claim)	\$52,248			\$52,248
Retirement - 62,47% of Selery (\$91,988 x 62,47% = \$57,465)	\$57,465		ì	\$0 \$57,465
OASDI - 7.65% of Salary (\$91,988 x 7 65% = \$7,037)	\$7,037			\$7,037
Health Insurance - \$5,843 per annum per FTE (\$5,843 x 2 = \$11,686) Benefit Administration - \$113 per annum per FTE (\$113 x 2 = \$226) (will not claim)	\$11,686			\$11,686 \$0
				ΨΟ
VICTIM WITNESS ADVOCATE 1 @ 100 % Salary - (\$1,590 x 7 pay period ≃ \$11,130)	\$11,130			\$11,130
Salary - (\$1,748 x 18 pay period = \$33,212)	\$33,212		Į	\$33,212
Unemployment00018 of salary (\$44,342 x .00018 = \$8) (will not claim)	1			\$0
Retirement - 62.47% of Salary (\$44,342 x 62 47% = \$27,700)	\$27,700			\$27,700
OASDI - 7.85% of Salary (\$44,342 x 7.65% = \$3.392)	\$3,392			\$3,392
Health Insurance - \$5,843 per annum per FTE (\$5,843 x 1 = \$5,843) Benefit Adminietration - \$113 per annum per FTE (\$113 x 1 = \$113 (wHI not claim)	\$5,843		ļ	\$5,843 \$0
VICTIM WITNESS ADVOCATE 2@ 100 %, RETIREMENT @ TIER 2 Salary - (\$1,590 x 7 pay penod x 2 employees = \$22,260)	\$22,260			\$22,260
Salary - (\$1,748 x 19 pay period x 2 employees = \$66,424)	\$66,424			\$66,424
Unemployment - 00018 of salary (\$88,684 x .00016 = \$18) (will not claim)				\$0
Retirement - 59.74% of Salary (\$88,684 x 59.74% = \$52,980)	\$52,980			\$52,980
OASDI - 7.65% of \$elary (\$88,684 x 7.65% = \$6,784) Health Insurance - \$5,843 per annum per FTE - (\$5,843 x 2 = \$11,686)	\$6,784 \$11,686			\$6,784 \$11,686
Benefit Administration - \$113per annum per FTE - (\$113 x 2 = \$226) (will not claim)	\$11,000			\$0
VICTIM WITNESS ADVOCATE 2 @ 100 %, RETIREMENT @ TIER 5	16			
Salary - (\$1,322 x 7 pay period x 2 employees = \$18,508)	\$18,508		0.45.400	\$16,508
Salary - (\$1,454x 19 pay period x 2 employees = \$55,252) Unemployment - 00018 of salary (\$73,760 x .00018 = \$12) (will not claim)	\$10,122		\$45,130	\$55,252 \$0
Retirement - 49.01% of Salary (\$73,760 x 49.01% = \$36,150)	\$36,150			\$36,150
OASDI - 7 65% of Salary (\$73,760 x 7.65% = \$5,259)	\$5,643			\$5,643
Health Insurance - \$5,843 per annum per FTE - (\$5,843 x 2 = \$11,686)	\$11,686			\$11,686
Benefit Administration - \$113 per annum per FTE - (\$113 x 2 = \$226) (will not claim)				\$0 \$0
VICTIM WITNESS ADVOCATE 1 @ 100 %, RETIREMENT @ TIER 5				<b>\$</b> O
Salary - (\$1,243 x 7 pay period = \$8,701)	\$8,701			\$8,701
Salary - (\$1,410 x 19 pay period = \$26,790) Unemployment00018 of salary (\$35,491 x .00018 = \$6) (will not claim)	\$26,790			\$26,790 \$0
Refirement - 49.01% of Salary (\$35,491 x 49.01% = \$6) (will not claim)	\$17,394			\$17,394
OASDI - 7 65% of Salary (\$35,491 x 7 65% = \$2,472)	\$2,715			\$2,715
Health Insurance - \$5,843 per ennum per FTE	\$5,843			\$5,843
Benefit Administration - \$113 per annum per FTE (will not claim)				\$0 \$0
AMOTINA MUTNIFESS ADVISSATES A GRASS W. STEER F. RETURNALITY OF THER F.				\$0
VICTIM WITNESS ADVOCATE 3 @ 100 %, STEP 5 RETIREMENT @ TIER 5 Salary - (\$1,406 x 7 pay period X 3 EE = \$29,528)	\$29,526			\$0 \$29.528
Salary - (\$1,406 x 7 pay period x 3 EE = \$29,526) Salary - (\$1,546 x 19 pay period X 3 EE = \$88,122) (will only claim \$76,811)	\$29,526 \$12,266	\$64,545		\$29,528 \$76,811
Unemployment00018 of salary (\$117,648 x .00018 = \$21) (will not claim)	VI2,200	wU7,U4U		\$70,011
Retirement - 49.01% of Salary (\$117,648 x 49.01% = \$57,659)		\$57,659		\$57,659
OASD\ - 7.65% of Salary (\$117,648 x 7.65% = \$9,000)		\$9,000		\$9,000
Health Insurance - \$5,843 per ennum per FTE Benefit Administration - \$113 per annum per FTE (will not claim)		\$17,529		\$17,529 \$0
PROGRAM TECHNICIAN 1 @ 85%				\$0
Salary - (\$1,782 x 26 pay period x 85% = \$39,382) (will only claim \$31,343)			\$31,343	\$31,343
Unemployment00018 of salary (\$39,382 x .00018 = \$7) (will not claim)			1	\$0
Retirement - 62.47% of Salary (\$39,382 x 62.47% = \$24,602) (will not claim)			1	\$0
OASDI - 7.85% of Salary (\$39,382 x 7 65% = \$3,013) (will only claim)				\$0
Health Insurence - \$5,843 per annum per FTE (will not claim) Benefit Administration - \$91 per annum per FTE (will not claim)				\$0 \$0
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Personal Section Totals	\$594,931	\$148,733	\$212,400	\$956,064

## **BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: County of Fresno	Subaward #	: VW153401	00			
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OPERATING SECTION TOTAL	\$0	\$0	\$0	\$0 \$0		
OPERATING SECTION TOTAL						
\$0						

## **BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: County of Fresno	Subaward #: VW15340100				
C. Equipment	VOCA 15	MATCH	VWA0 15	COST	
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Equipment Section Totals	\$0	\$0	\$0	\$0	
EQUIPMENT SECTION TOTAL	30	\$0	Ψ0		
	B/ Trombi	fis turnear		\$0	
Category Totals					
Same as Section 12G on the Grant Subaward Face Sheet	\$594,931	\$148,733	\$212,400	<b>人能够是</b>	
Total Project Cost*			4	050 004	
	22312			956,064	

Amendment to Grant Award Agreement with the State of California, Governor's Office of Emergency Services to increase the grant funding amount for the Victim of Crime Act Victim Assistance Formula Grant, effective July 1, 2015 through June 30, 2016.

Reviewed and Recommended for Approval
By Rick Chavez, Chief Probation Officer  Date: 2-4-16
Men enavez, enter i i obation o incer
Approved as to Legal Form:  Daniel C. Cederborg, County Counsel
Danier C. Cederborg, County Counsel
By Date: 2-3-16 Deputy
Approved as to Accounting Form: Vicki Crow, Auditor-Controller-Treasurer/Tax Collector
By Celu E Cent Date: 2/5-16