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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

GRANT SUBAWARD AMENDMENT

SUBAWARD #: VW19 38 0100

FIPS# 019-00000 DUNS# 932953037 Amendment# 1
Project # N/A Performance Period 10/1/19 to 9/30/20

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

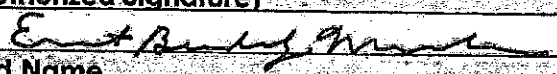


Grant Subaward VW19 38 0100 is hereby amended to:

Decrease the 2018 VOCA Match by \$96,866 from \$ 96,866 to \$ 0;

Decrease the Total Project Cost by \$96,866 from \$1,659,359 to \$1,562,493 .

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

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California
By Susan Bishop Deputy

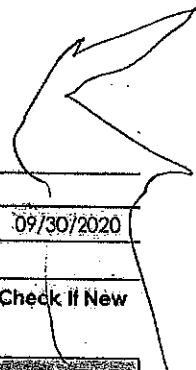
Subrecipient (Certification and Signature of Authorized Agent)	
By (Authorized Signature)	Date
	7-7-2020
Printed Name	Title
Ernest Buddy Mendes	Chairman, Board of Supervisors
Address	
2281 Tulare, Room # 301, Fresno, CA 93721-2015	
Governor's Office of Emergency Services (For Cal OES use only)	
By Director or Designee	Date
	8/7/2020
Printed Name	Title
Heather Carlson	Assistant Director
Amount Encumbered by this Document	Fund Source Labels
0	ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-Y2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Victim/Witness Assistance Program Match Req.: 20%, C/IK based on TPC- Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ 0
Prior Amount Encumbered	9K
1,562,493	
Total Amount Encumbered to Date	
1,562,493	
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
	8/5/2020

mc# 712296

GRANT SUBAWARD MODIFICATION

Mail To: Cal OES Victim Services Branch
3650 Schriever Avenue
Malher, CA 95655

1. Subaward Number: VW19 38 0100
2. Modification Number: 1
3. Performance Period: 10/01/2019 to 09/30/2020



4. Subrecipient/Implementing Agency: Fresno County - Probation Department

5. Payment Mailing Address (Zip +4): 3333 East American Ave, Suite B, Fresno, CA 93725-9247

Check If New

6. Revision to Budget

Fiscal Year	Fund Source (Select from drop down list)	Grant Funds			Grants Funds	Required Match			Total Amount	
		A. Personal Services	B. Operating Expenses	C. Equipment		A. Personal Services	B. Operating Expenses	C. Equipment		
Current Allocation (from your last approved budget)										
2018	VOCA	\$1,378,530	\$29,735		\$1,408,265		\$96,866		\$96,866	\$1,505,131
2019	VWAO	\$120,245	\$33,983		\$154,228				\$0	\$154,228
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change (add (+) or subtract (-) from budgeted amount)										
2018	VOCA	-\$93,367	\$93,367		\$0		-\$96,866		-\$96,866	-\$96,866
2019	VWAO	-\$1,586	\$1,586		\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation										
2018	VOCA	\$1,285,163	\$123,102	\$0	\$1,408,265	\$0	\$0	\$0	\$0	\$1,408,265
2019	VWAO	\$118,659	\$35,569	\$0	\$154,228	\$0	\$0	\$0	\$0	\$154,228
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.)

To align 18 VOCA match waiver, Re-allocation of 18VOCA and 19VWAO funds from savings in Personal Services to Operating Expenses. There is no change on the approved grant award.

B. Subrecipient Approvals

Project Director (typed name)
Joy Thompson
Financial Officer (typed name)
Greg Reinke

Project Director Signature
Joy Thompson
Financial Officer Signature
Greg Reinke

Date
6/29/2020
Date
6/29/20

Cal OES Approval Signatures

Program Specialist Signature
Sheerah Geary
Grants Processing Signature
V. Hays

Date
7/14/20
Date
7/27/20

Unit Chief Signature
[Signature]

Date
7/21/2020

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BY: 712298

VICTIMS OF CRIME ACT (VOCA) VICTIM ASSISTANCE FORMULA GRANT PROGRAM
MATCH WAIVER REQUEST

Cal OES Subrecipients may request a partial or full match waiver. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. VOCA Victim Assistance Formula Grant Program Award Number: 2018-V2-GX-0029
2. Cal OES Subaward Number: VW19 38 0100
3. Subrecipient's Name: Fresno County
4. Grant Subaward Performance Period 10/1/19 through 9/30/20
5. VOCA Victim Assistance Funds Awarded: \$ 1,408,265
6. Amount of Cash Match Proposed (post-Match Waiver): \$ 0
7. Amount of In-kind Match Proposed (post-Match Waiver): \$ 0
8. Total Amount of Match Proposed (sum of #6 and #7): \$ 0

9. Briefly summarize the services provided:

Funding allows for the operation of the Crime Victim Assistance Center at three service locations, recruitment and maintenance of qualified staff to provide the fourteen mandatory and all ten optional services established in Section 13835 of the California Penal Code. Services are directed to victims of all crime types, all ages, all ethnicities, English and non-English speaking, dependent adults as well as disabled victims within all of Fresno County. CVAC collaborates with agencies that serve victims such as women's shelters and medical providers.

10. Describe practical and/or logistical obstacles to providing match:

Due to the worldwide coronavirus pandemic, the impact on the local, state and national economy is unknown and may be significant. Therefore, the Fresno County Administrative Office has requested Departments to limit expenditures in FY 2019-20 as much as possible to make additional funding available to help address any downturn in revenues that would impact next fiscal year resulting from the coronavirus.

11. Describe any local resource constraints to providing match:

Due to the worldwide coronavirus pandemic, the impact on the local, state and national economy is unknown and may be significant. This could have a significant impact on local resources. The waiver of the Match would free up funding to help address local funding constraints resulting from this pandemic.

Approved

Susan Grace

Denied

Unit Chief Name

 6/16/20
Unit Chief Signature / Date

Fund: 0001
Subclass: 10000
ORG: 34320409
Account: 4380/3575