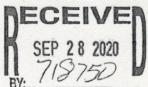


Performance Period 01/01/2020 to 12/31/2020 his amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Subrecipient: Fresna County Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$ 187,500 to \$ 150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL. Clerk of the Board of Supervisors County of Fresna, State of California By (Authorized Signature) Date Frinted Name Frinted Name Printed Name P	Performance Period 01/01/2020 to 12/31/2 This amendment is between the California Governor's Office of Emergency Services, here called Cal OES, and the Subrecipient: Fresno County Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$187,500 to \$ 150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors Count of Fresno, Sale of California By (Authorized Signature) Printed Name Friest Buddy Mendes 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 Amount Encumbered (SO COC) Total Amount Encumbered (SO COC)		WARD AMENDA		OUDA	WARD # HA19 02 0100
inis amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Subrecipient: Fresno County Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$187,500 to \$ 150,000. 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 Lauthorized Signature) Date Date Title 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 Printed Name Finest Name Finest Name Finest Name Finest Name Finest Name Finest Name Fine Amount Encumbered by Find Source Labels Item 0890-102-0890 Finest No Composition of California Match Res; 20%, CALOBOR (March Wieder Project) in California Mayocacy Program Match Res; 20%, CALOBOR (March Wieder) Frior Amount Encumbered 150 1000 I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	This amendment is between the California Governor's Office of Emergency Services, here called Cal OES, and the Subrecipient: Fresno County Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$ 187,500 to \$ 150,000. 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 (Authorized Signature) Printed Name Ernest Buddy Mendes 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 Amount Encumbered by this Document Prior Amount Encumbered 150 COO Total Amount Encumbered to Date 150 COO Thereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	IPS# 0 19-00000	1/10	DUNS# 932953037	o Doriod	Amendment# 1
Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$37,500 to \$0; Decrease the Total Project Cost by \$37,500 from \$187,500 to \$150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Freezo, State of California By Deputy Subrecipient (Certification and Standarder of Authorized Agent) By (Authorized Signature) Date Title Tritle Tritle Trest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Frinted Name Fri	Grant Subaward HA19 02 0100 is hereby amended to: Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$ 187,500 to \$ 150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Freezo, State of California By Cuttor By Chuthorized Signature) Printed Name Frinted Name Printed Name Amount Encumbered 150 1000 Total Amount Encumbered to Date I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	70jeCl #	N/A	Performanc	e Period _	10 12/3/12020
Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$187,500 to \$ 150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Freson, State of California By Public Freson, State of California By (Authorized Signature) Date Printed Name Ernest Buddy Mendes 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 Amount Encumbered by this Document Frior Amount Encumbered 150 COC Total Amount Encumbered 150 COC Total Amount Encumbered 150 COC Thereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Decrease the 18VOCA Match by \$37,500 from \$ 37,500 to \$ 0; Decrease the Total Project Cost by \$37,500 from \$187,500 to \$ 150,000. All other provisions of this agreement shall remain as previously agreed upon. ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Frespo, State of California By Deputy Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Printed Name Frinted Name Frinted Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Frinted N				Office of	Emergency Services, hereafte
ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Fresno, State of California By (Authorized Signature) Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Printed Name Title Chairman, Board of Supervisors Chairman, Board of Supervisors 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 Lagrange Printed Name Finited Name	ATTEST: BERNICE E. SEIDEL. Clerk of the Board of Supervisors County of Fresno, State of California By Date Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Printed Name Title Covernor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Finded Name Finded Name Find Source Labels Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 23 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 24 St.: 18408 Find Source Labels ENY 2019-20 Chapter: 25 St.: 18408 F	Grant Subaward H	A19 02 0100 is hereb	y amended to:		
ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Fresno, State of California By Deputy Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Printed Name Title Ernest Buddy Mendes 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 Amount Encumbered Title Frior Amount Encumbered (SO COC) Total Ederation Anount Encumbered (SO COC) Total Ederation Anount Encumbered (SO COC) Total Ederation Anount Encumbered (ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Frespo, State of California By Deputy Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Title Ernest Buddy Mendes 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 Humbur Carlo Frinted Name	Decrease the 18V	OCA Match by \$37,50	0 from \$ 37,500 to \$ 0;		
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) By (Authorized Signature) By (Authorized Signature) Date Title Ernest Buddy Mendes 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 Amount Encumbered by this Document Enc. 2019-20 Chapter: 23 St.: 18408 Enc. 6690-102-0690 Frior Amount Encumbered 150 000 Total Amount Encumbered 150 000 Total Amount Encumbered 150 000 Thereby certiffy upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) By (Authorized Signature) Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Frinted Nam	Decrease the Total	I Project Cost by \$37,	500 from \$187,500 to \$ 150,	000.	
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) By (Authorized Signature) Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Title Harmy Car Bo Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 St.: 18408 Ilem: 0890-102-0890 Pgm: 0385 Frior Amount Encumbered To Date Prior Amount Encumbered To Date 150 000 Total Amount Encumbered To Date 150 000 Thereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) By (Authorized Signature) Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Fille Hattar Carr Son Printed Name Fille Frior Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 St.: 18408 Item: 0690-102-0890 Pgm: 0385 Frior Amount Encumbered 150 000 Total Amount Encumbered 150 000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	All other provisions	s of this agreement sh	all remain as previously agre	ed upon.	
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) By (Authorized Signature) Printed Name Title Trinted Name Tri	Clerk of the Board of Supervisors County of Fresno, State of California By Deputy Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Printed Name Title 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 Printed Name Title Harry Carbon Find Source Labels Illen: 0690-102-0890 Find: Federal Trust Allen: 0690-102-0890 Find: Federal Trust Allen: 0690-102-0890 Frogram: Hallen V-Carbon March Req: 20%, C/lk based on IPC-March Waived Froject ID: 05818VOCA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.				AT	TEST:
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Finited Name Finited Name 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 Printed Name Finited Name Fille Harry Carrison Frogram: Human Trafficking Advocacy Program Motch Req.: 20%. C/IK based on TPC-Match Waived Project ID: OES 18VOCA000012 Froject ID: OES 18VOCA000012 Total Amount Encumbered to Date 150 000 I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Label Section 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 Printed Name Finted Source Labels Entry 2019-20 Chapter: 23 St.: 18408 Item: 2019-2019-2019-2019-2019-2019-2019-2019-					
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Frinted Name Frinted Name 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 Printed Name Frinted	Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Printed Name Title Ernest Buddy Mendes 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 Printed Name Finted Source Labels ENY: 2019-20 Chapter: 23 St.: 18408 Item: 0890-102-0890 Pgm: 0385 Fall #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Irust Alf: 16.575 Program: Human Trafficking Advocacy Program March Req: 20%, C/IK based on IPC-March Waived Project ID: 05818VOCA000012 Sc: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.					
Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date September 30 2000 Printed Name Title Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Title Harmy Carlson Printed Name Fund Source Labels Ilem: 690-102-0890 Fain: 23 St.: 18408 Ilem: 690-102-0890 Fain: 23 St.: 18408 Ilem: 690-102-0890 Fain: 23 St.: 18408 Ilem: 690-102-0890 Fain: 385 Fain #: 2018-2-2-(X-0009) Indich Req: 20%. C/IK based on IPC-Match Waived Project ID: 05518VOcA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Subrecipient (Certification and Signature of Authorized Agent) By (Authorized Signature) Date Label Substance Sub					dise Cupl
Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Title Hahma War Son Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 Prior Amount Encumbered (SO COC Total Amount Encumbered 1 SO COC Total Encumbered 1	Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Frinted Name Frin			Certification and Sign		
Printed Name Ernest Buddy Mendes 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 Serviced Name Title Harmound Fincumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 Fain #: 2018-V2-GX-0029 Pgm: 0385 Fain #: 2018-V2-GX-0029 Pgm: 0385 Fain #: 2018-V2-GX-0029 Pgm: 0385 Forgram: Human Trafficking Advocacy Program Match Rea; 20% C/lk bosed on TPC-Match Waived Project ID: 0ES18VOCA000012 Sc: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Printed Name Ernest Buddy Mendes Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Printed Name File Harmy Carls Fund Source Labels this Document ENY: 2019-20 Chapter: 23 St: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust Al#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: 0ES18VOCA000012 Sc: 2019-18408 Amount: \$ Thereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	By (Authorize	d Signature)	,	Date	
Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Title Harmy Carbon Fund Source Labels ### Fund Source Labels ### Prior Amount Encumbered 150 000 Tofal Amount Encumbered 150 000 I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Address 2281 Tulare, Room # 301, Fresno, CA 93721-2015 Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Printed Name Hattar Car Bource Labels this Document ENY: 2019-20 Chapter: 23 SL: 18408 Hem: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-CX-0029 Prior Amount Encumbered 150 COC Total Amount Encumbered 150 COC Thereby Certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	4	Buly ?	me	Se:	prember 33, 2000
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 Hall Call Frinted Name Fund Source Labels 1	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 Printed Name Find Source Labels ENY: 2019-20 Chapter: 23 St.: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Froor Amount Encumbered (SO COO Total Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ AMOUNT Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ AMOUNT Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ AMOUNT Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ AMOUNT Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ AMOUNT Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 184008 Amount: \$ Ale : 164008 Benefit Amount Encumbered 1 SO COO Total Ederation Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OSI 284008					
Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Date Name Title Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 Fain #: 2018-V2-GX-0029 10/01/17-09/30/21 Frogram: Human Trafficking Advocacy Program Match Req.: 20%. C/K based on IPC-Match Waived Project ID: 0518WOCA00012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Suffice of Emergency Services (For Cal OES use only) By Director or Designee Date Suffice of Emergency Services (For Cal OES use only) By Director or Designee Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Sufficiency Finds Env: 2019-20 Chapter: 23 St: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOC A000012 SC: 2019-18408 Amount: \$ An Out of the Emperiod and purpose of the expenditure stated above.		ides		Chairman, I	Board of Supervisors
Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Cal OES use only Suffice	Governor's Office of Emergency Services (For Cal OES use only) By Director or Designee Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Date Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Cal OES use only) Suffice of Cal OES use only) Suffice of Emergency Services (For Cal OES use only) Suffice of Cal OES		m # 301 Freeno C/	03721-2015		
Printed Name Title Harmount Encumbered by this Document Prior Amount Encumbered (SD) Total Amount Encumbered to Date 15D Total Amount Encumbered Total Amount Encum	Printed Name Amount Encumbered by this Document Prior Amount Encumbered (SO COCO Total Amount Encumbered to Date 150 1000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	2201 Tolare, 1100			vices (For t	Cal OES use only)
Printed Name Title Harry Carls Amount Encumbered by this Document Fund Source Labels ENY: 2019-20 Chapter: 23 SL: 18408 Illem: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust Program: Human Trofficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: 0ES18VOCA000012 SC: 2019-18408 Amount: \$	Printed Name Tifle Harmy Carlson Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%. C/lk based on TPC-Match Waived Project ID: 0ES18VOCA000012 SC: 2019-18408 Amount: \$ Total Amount Encumbered to Date 150,000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	By Director of		Castle, March 1 and 1	的基础的技术。在具有影响的自然是一种一种的	
Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Prior Amount Encumbered 150 COCO Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered	Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%. C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	No.	Duy Ca	Ph =	12/	212020
Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Prior Amount Encumbered 150 COCO Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered	Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	Printed Name		47 (M. 1945) (P. 16/A)	Tille	
Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL #: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Amount Encumbered by this Document ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	H	1 1 1 1 1 1	VKAN	The state of the s	DIR
ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL#: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$	ENY: 2019-20 Chapter: 23 SL: 18408 Item: 0690-102-0890 Pgm: 0385 FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21 Fund: Federal Trust AL #: 16.575 Prior Amount Encumbered 150:000 Total Amount Encumbered 150:000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	Amount Encu	TO THE PARTY OF TH	CONTROL OF THE SAME VILLE CONTROL OF THE SAM	137	
Prior Amount Encumbered SO COC	Prior Amount Encumbered SO COC		THE WAY PROPERTY.	ENV. 2010 20 Cht 02 S	1.10400	
Prior Amount Encumbered 150 Coc Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered Total Amount Encumber	Prior Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered 150 Total Amount Encumbered Total All #: 16.575 Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$	de				
Program: Human Trafficking Advocacy Program Match Req.: 20%, C/IK based on TPC-Match Waived Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ I folial Amount Encumbered to Date U folial Coop I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Prior Amount Encumbered 150:000 Total Amount Encumbered to Date 150:000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	D				1
Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ Total Amount Encumbered to Date 1 50 , COO I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Project ID: OES18VOCA000012 SC: 2019-18408 Amount: \$ Total Amount Encumbered to Date USD COO I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	Prior Amount	Encumbered	Program: Human Trafficking Ad	vocacy Progra	
Total Amount Encumbered to Date 150,000 I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	Total Amount Encumbered to Date 150,000 I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	100.0			n IPC-Match V	valved
to Date 1 50 , 000 I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	to Date 1 50 , CCC I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.			SC: 2019-18408 Amount: \$	0	al
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.	I hereby certify upon my own personal knowledge that budgeted funds are available for period and purpose of the expenditure stated above.	电影图 电流流流 医克里克斯特氏氏征	Encumbered			Cut-
period and purpose of the expenditure stated above.	period and purpose of the expenditure stated above.	150,	000			
						ted funds are available for the
Mary Sucker 12/3/2020	m (Va), b 10/0/0-0-			THE RESIDENCE OF THE PARTY OF T	The second second second	Company of the Company
	1) aug / sucker 12/3/000	Mai	ie Rue	ker	12/3	12020



GRANT SUBAWARD MODIFICATION

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

1. Subaward Number:

3. Performance Period:

HA19 02 0100

2. Modification Number:

01/01/2020

12/31/2020

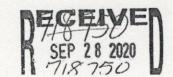
4. Subrecipient/Implementing Agency: Fresno County/ Fresno County Probation Department
5. Payment Mailing Address (Zip +4): 3333 East American Ave, Suite B, Fresno, CA 93725-9247 9 248

Check If New

6. Revision to Budget					BW.					
Fiscal Year	Fund Source (Select from drop	Grant Funds	Grant Funds	Grant Funds	Grants Funds	Required Match	Required Match	Required Match	Required Match	Total Amount
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
Current	Allocation (from	your last appro	oved budge)	1 1 2 4 5 1 6 1 6 1 E	2785. 6				DOMESTIC:
2018	VOCA	\$69,872	\$80,128		\$150,000	\$37,500			\$37,500	\$187,500
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Propose	d Change {add	(+) or subtract	(-) from buc	igeted amo	unt)					440
2018	VOCA	\$37,833	-\$37,833		\$0	-\$37,500			-\$37,500	-\$37,500
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised	Allocation							7		
2018	VOCA	\$107,705	\$42,295	\$0	\$150,000	\$0	\$0	\$0	\$0	\$150,000
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.) To reallocate estimated funding unused in operating expenses to personal services and due to covid, align 18 VOCA match waiver. There is no change on the approved grant award.

Financial Officer (typed name) Greg Reinke Cal OES USE ONIA Cal OES USE ONIA Program Specialist Signature Program Specialist Speci	Project Director (typed name) Joy Thompson	Project Director Signature	8/18/2
Cal QÉS Approval Signatures		Financia Otticer Signature	8/17/12
/ //d l l l / / / / / / / / / / / / / /	Cal OES Approval Signatures Program Specialist Signature	Date 0/22 Unit Chief Signature	Date 09/29/2020



BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Fresno County	Subaward#: HA	19020100
A. Personal Services - Salaries/Employee Benefits	VOCA 18	COST
SR. VICTIM WITNESS ADVOCATE \$4,616.58/month x 1 FTE x 6 mo = \$27,699 (Jan-Jun 20)	\$27,699	\$27,699
Benefits- 80.78% (81% x \$27,699) = \$22,376 Benefits include Unemployment .07%, Retirement 57.85%, OASDI 7.65%, Workers comp .49%, Health Insurance 14.55%, Benefit Admin .17%	\$22,376	\$22,376
\$4,616.58/month x 1 FTE x 6 mo = \$27,699 (Jul-Dec 20) Benefits- 92.53%	\$27,699	\$27,699
(92.53% x \$27,699) = \$25,630 Benefits include Unemployment .04%, Retirement 67.69%, OASDI 7.65%, Workers comp .64%, Health Insurance 16.30%, Benefit Admin .21%	\$25,630	\$25,630
Overtime - \$26.63/hr x 1.5 x 100 hrs = \$3,995 Benefit- 7.65%	\$3,995	\$3,995
(7.65% x \$3,995) = \$306 Benefit include OASDI 7.65%	\$306	\$306
Personal Section Totals	\$107,705	\$107,705
PERSONAL SECTION TOTAL	*	\$107,705

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Fresno County	Subaward#: HA190	020100
B. Operating Expenses		VOCA 18
Travel/Training - Total (In- State Trainings) (only claiming \$3,548) Human Trafficking Trainings (2 Trainings) Registration @ \$300 per participant (\$300 x 2 = \$600) Lodging - (\$114 x 4 nights x 2 trainings x 1 VWA = \$912) Meals- (8 Breakfast @ \$15, 8 Lunches @ \$16, 8 Dinners @ \$28 = \$472) (Using County per diem rate) Incidental Expenses- (\$5 per day x 8 days x 1 VWA = \$40) Parking- (\$25 per day x 8 days = \$200)	\$1,500 \$1,824 \$944 \$80 \$200 \$4,548	\$3,548
Telephone Charges (cell phone) (\$40 x 12 months = \$480)		\$480
Emergency Assistance		\$5,240
Financial intervention in response to a client's basic material needs (food clothing, medicine)	d,	
Data Processing for 1 VWA- (\$307 x 12 months = \$3,684) (only claiming \$351) Commercial Phone Bills PC Rental MS Enterprise License Cellular Voice and Data LAN Admin- County Equipment Adminstration I-Net Line Charges Telephone Network Connect Telephone Desktop Hardware	\$20 \$31 \$40 \$17 \$74 \$38 \$27 \$28 \$32	\$351
Office Expense Office Supplies- postage, paper, printer cartridges, pens, training materials, research forms		\$1,876
Office Furniture		\$1,000
Laptop		\$1,000
Printing		\$250
Emergency/Transitional Housing for Victims (only claiming \$21,200) (6 beds x \$120 per room x 52 weeks = \$37,440)		\$21,200
Outreach Projects to promote services through the use of public media (newspapers, radio, and television)		\$7,350
Operating Section Totals		\$42,295
OPERATING SECTION TOTAL	*	\$42,295

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Fresno County	Subaward#: HA190201	00
C. Equipment	VOCA 18	COST
Equipment Section Totals		
EQUIPMENT SECTION TOTAL		
Category Totals	17	
Same as Section 12G on the Grant Subaward Face Sheet	\$150,000	
Total Project Cost		\$150,000

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 N	umber:
2.	Cal OES Subaward Number:	
3.	Subrecipient's Name:	
4.	Grant Subaward Performance Period	through
5.	VOCA Victim Assistance Funds Awarded: \$	
6.	Amount of Cash Match Proposed (post-Match Waiver):	\$
7.	Amount of In-kind Match Proposed (post-Match Waiver):	\$
8.	Total Amount of Match Proposed (sum of #6 and #7):	\$
9.	Briefly summarize the services provided:	
10.	Describe practical and/or logistical obstacles to providing	match:
	Describe praemedi arra, or logismedi obstacios to providing	
11.	Describe any local resource constraints to providing matc	h:
App	oroved \square	08/06/2020 t Chief Signature / Date
Den	ied Unit Chief Name /Uni	t Chief Signature / Date

Fund: 0001

Subclass: 10000

ORG: 34320415

Account: 4380