INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA

GRANT AWARD AGREEMENT

Fiscal Year 2025-26
Workers' Compensation Insurance Fraud Program

The Insurance Commissioner of the State of California hereby makes an award of funds to **Fresno County**, Office of the District Attorney, in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this agreement and the application for the grant, and is made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant program in accordance with all applicable statutes, regulations, the grant application, budget instructions, grant requirements, and fact sheets.

Duration of Grant: The grant award is for the program period **July 1, 2025** through **June 30, 2026**.

Purpose of Grant: This grant award is made pursuant to the provisions of California Insurance Code section 1872.83 and shall be used solely for the purposes of increased investigation and prosecution of workers' compensation fraud and of willful failure to secure payment of workers' compensation.

Amount of Grant: The total grant award agreed to herein is in the amount of **$1,215,001**, which is comprised of a Base Award amount of **$1,121,701** and an Additional Award amount of **$93,300**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Labor Code section 62.6. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to the Budget Act of 2025 (Chapter 4, Statutes of 2025). The grant award shall be distributed pursuant to Insurance Code section 1872.83 and the California Code of Regulations Subchapter 9, Article 3, sections 2698.53, 2698.54, and 2698.57.

Lisa A. Smittcamp District Attorney Signed by: Manuel Jimenez E1096015D1FA485... Authorized Official Name: **Manuel Jimenez** Title: Chief Deputy District Attorney Date: 8/20/2025	**RICARDO LARA** Insurance Commissioner DocuSigned by: Crista Hill 1DE71081B1ED4D7... Authorized Official Name: **Crista Hill** Title: Division Chief, Financial and Business Management Division Date: 10/6/2025

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of this expenditure as stated above.

Signed by:
Megan Clarke
2AC04DF64D7D45A...
Megan Clarke, Chief Budget Officer,
Financial and Business Management Division

10/6/2025
Date

Application Report

Applicant Organization:

Fresno

Project Name: 25-26 WC Fresno

Application ID: App-25-339

FundingAnnouncement: FY 25-26 Workers' Compensation Insurance Fraud Program

Requested Amount: $1,276,852.00

Project Summary: 25-26 WC Fresno

Authorized Certifying Official: Manuel Jimenez mcjimenez@fresnocountyca.gov (559) 600-2135

Project Director/Manager: Traci Fritzler-Kirkorian tfritzler-kirkorian@fresnocountyca.gov (559) 600-4412

Case Statistics / Data Reporter: Trevor Oppliger toppliger@fresnocountyca.gov (559) 600-2121

Compliance/Fiscal Officer: Ruth Falcon rfalcon@fresnocountyca.gov 559-600-4464

Section Name: Overview Questions

Sub Section Name: General Information

1. Applicant Question: Multi-County Grant

Is this a multi-county grant application request? If Yes, select the additional counties.

Applicant Response:

No

2. Applicant Question: FY 23-24 Audited Unexpended Funds

Excluding interest, what was the amount of your FY 23-24 Audited Unexpended Funds? If none, enter "0".

Applicant Response:

$0.00

3. Applicant Question: FY 23-24 Audited Unexpended Funds Percentage of FY 23-24 Award

Your FY 23-24 Audited Unexpended Funds are what percentage of your FY 23-24 total award? If none, enter "0".

Total Award excludes interest earned and incoming carryover. To calculate percentage, divide your audited unexpended funds by your total award. Round to the nearest whole number.

Example:

FY 23-24 Total Award: $100,000

FY 23-24 Audited Unexpended Funds: $23,750

FY 23-24 Audited Unexpended Funds Percentage: 24%

Applicant Response:

0.00%

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4. Applicant Question: Contact Updates

Has your county's Admin User updated the Contacts and Users for your Program?

- ***Contacts*** *are those, such as your elected District Attorney, who need to be identified but do not need access to GMS.*
- ***Users*** *are those individuals who will be entering information/uploading into GMS for the application.* ***Confidential Users*** *have access to everything in all your grant applications.* ***Standard Users*** *do not have access to the Confidential Sections where Investigation Activity is reported. Typical Standard Users are budget personnel.*

Applicant Response:

Yes

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5. Applicant Question: Program Contacts

Identify the individuals who will serve as the Program Contacts and your Elected District Attorney. Your Program Contacts must be entered as a User and your Elected District Attorney may be a Contact or User in GMS. Contact your county's Admin User if an individual needs to be added or updated.

On the final submission page, you will link your Program Contacts to the application.

Project Director/Manager *is the individual ultimately responsible for the program. This person must be a Confidential User.*

Case Statistics/Data Reporter *is the individual responsible for entering the statistics into the DAR (District Attorney Program Report). This person should be a Confidential User.*

Compliance/Fiscal Officer *is the individual responsible for all fiscal matters relating to the program. This person is usually a Standard User.*

Elected District Attorney *is your county's elected official. This person must be entered as a Contact or a User.*

Applicant Response:

Program Contacts	Name
Project Director / Manager	Traci Fritzler
Case Statistics / Data Reporter	Trevor Oppliger
Compliance / Fiscal Officer	Ruth Falcon
Elected District Attorney	Lisa Smittcamp

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6. Applicant Question: Statistical Reporting Requirements

Do you acknowledge the County is responsible for separately submitting a Program Report using the CDI website, DA Portal?

To access the DAR webpage on the CDI website: right click on the following link to open a new tab, or copy the URL into your browser.

http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/10-anti-fraud-prog/dareporting.cfm

As a reminder, Vertical Prosecutions should not be counted as an Investigation, a Joint Investigation, or an Assist in the DAR.

Applicant Response:

Yes

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7. Applicant Question: Required Documents Upload

Have you reviewed the Application Upload List and properly named and uploaded the documents into your Document Library?

To view/download the Application Upload List: go the Announcement, click View, and at the top of the page select Attachments. The Application Upload List is 4e. Items must be uploaded into the Document Library before you can attach them to the upcoming questions.

Applicant Response:

Yes

Sub Section Name: BOS Resolution

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1. Applicant Question: BOS Resolution

Have you uploaded a Board of Supervisors (BOS) Resolution to the Document Library and attached it to this question?

A BOS Resolution for the new grant period must be uploaded to GMS to receive funding for the 2025-2026 Fiscal Year. If the resolution cannot be submitted with the application, it must be emailed to LAU@insurance.ca.gov no later than January 2, 2026. There is a sample with instructions located in the Announcement Attachments, 3b.

Applicant Response:

No

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2. Applicant Question: Delegated Authority Designation

Choose from the selection who will be the person submitting this application, signing the Grant Award Agreement (GAA), and approving any amendments thereof.

The person selected must be a Confidential User, who will attest their authority and link their contact record on the submission page of this application. Must be a direct email address; No generic/group email address allowed. A sample Delegated Authority Designation Letter is located in the Announcement Attachments, 3a. CDI encourages the contact named as Project Director/Manger be the designated authority, should that be your selection.

Applicant Response:

Designated Person named in Attached Letter

Attachment:

25-26 WC Fresno Delegated Authority.pdf - PDF FILE

Section Name: County Plan

Sub Section Name: Qualifications and Successes

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1. Applicant Question: Successes

What areas of your workers' compensation insurance fraud program were successful and why?

Detail your program's successes for ONLY the 23-24 and 24-25 Fiscal Years. It is not necessary to list every case. If a case is being reported in more than one insurance fraud grant program, clearly identify the component(s) that apply to this program. If you are including any task force cases in your caseload, name the task force and your county personnel's specific involvement/role in the case(s). Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Applicant Response:

The successes of the Fresno County District Attorney's Workers' Compensation Fraud Unit (hereinafter referred to as Fraud Unit) are largely due to the creation of a specialized unit dedicated to vertical prosecution of workers' compensation fraud cases. Vertical prosecution is when the same deputy district attorney manages a case from the filing of criminal charges through the disposition of the case either by plea or jury trial. The unique nature of workers' compensation fraud requires an in-depth understanding of the regulatory and administrative branches of the workers' compensation system. As such, the Fresno Office of the District Attorney is committed to continuity of attorneys and investigators.

The Fraud Unit is an active member of the Central Valley Workers' Compensation Fraud Task Force (hereinafter "Task Force") which is a partnership between the California Department of Insurance (CDI) and the District Attorney's Offices in Fresno, Tulare, Kings, Kern, Merced, Madera and San Luis Obispo counties, along with the Franchise Tax Board (FTB) and the Employment Development Department (EDD). An existing Memorandum of Understand (MOU) governs Task Force Operations.

FISCAL YEAR 2023-2024

Cases Initiated

The Fraud Unit filed one (1) Premium Fraud case, Five (5) claimant fraud cases, and nineteen (19) uninsured employer fraud cases.

Claimant Fraud

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have injured her foot harvesting fruit. The suspect complained about significant pain and demonstrated a severe limp to the QME. Subrosa showed the defendant working at another location without any limp or other limitations manifesting. When shown the video, the QME stated the suspect was malingering and exaggerating her injuries.

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have injured their back when a door closed on them. The suspect concealed prior back injuries and treatment. They are suspected of lying to their primary treating physician, the SIU, at a deposition, and to the QME. The QME found no industrial injury and a 0% apportionment.

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have received injuries from a near two story fall from an almond trailer. While receiving benefits the suspect denied being able to work but was later filmed working with a forklift and moving lumber. When shown the subrosa the PQME found the defendant to have made material misrepresentations and changed his MMI.

In September of 2023, the Fraud Unit filed a case against an employee who claimed to have injured his eyes while doing fieldwork. He made suspicious statements about prior eye treatment/care. Medical records showed significant eye treatment (including injections directly into the eye). At his deposition he responded "No" when asked about prior eye treatment. When examined by a PQME he did not disclose his prior treatment or diabetes. When shown the suspect's medical records, the PQME changed his apportionment to 0% down from the initial 25%.

In March of 2024, the Fraud Unit filed a case against an employee who was injured falling from a ladder while doing agricultural labor. He was viewed via subrosa working beyond the scope of his abilities as described to an AME. Subsequent investigation reveal that he was employed while receiving TTD. The AME declared that the defendant mispresented his injuries and adjusted his apportionment.

Premium Fraud

In January of 2024 the Fraud Unit filed a case against a business owner who ran a large trucking company. Misclassification was discovered when a claim was filed on behalf of a deceased worker. Audits showed a vastly underreported payroll over a three-year period. Further reviews of EDD records along with detailed information provided by prior employees revealed the methods the company used to obfuscate their criminal activity.

Provider Fraud

The Task Force finished investigating the voucher fraud investigation discussed in FY 2022-2023. The case was under review for filing although filing was delayed pending further interviews of the suspect who had agreed to fully cooperate. The case was ultimately filed in July of 2024.

Ongoing Case Activity

Convictions

The Fraud Unit had Two (2) Premium Fraud convictions, Two (3) claimant fraud convictions and five (5) uninsured employer convictions. The court granted one (1) provider fraud diversion.

For restitution the Fraud Unit collected $273,612.00 for felony cases and $7,300.00 for misdemeanor cases.

Open Investigations

The Fraud Unit opened five (5) investigations during FY 2023-2024. Two (2) of these investigations involve claimant fraud, two (2) are premium fraud investigations, and one (1) is provider fraud.

FISCAL YEAR 2024-2025

Cases Initiated

The Fraud Unit filed two (2) Premium Fraud cases, and twenty (20) uninsured employer fraud cases.

Premium Fraud

In March of 2025 the Fraud Unit filed a case against a business owner who ran a restaurant. Over a three-year period, the defendant

was found to be paying several employees cash and then underreporting his payroll. A ledger seized on the scene during a search warrant revealed the extent of the caper and the defendant confessed once confronted with the evidence. The case was discovered when an employee without coverage filed a workers' compensation claim.

In April of 2025 the Fraud Unit filed a case against a business owner who ran a roofing company. After being found to have several employees working for cash wages the investigation over a four-year period revealed massive underreporting on a significant payroll. Many interviews with working employees revealed the scheme and the defendant finally admitted to culpability.

Provider Fraud

A large provider fraud case with a multi-year investigation and prosecution that has absorbed a huge amount of our resources was concluded with a felony plea and over $150,000 of restitution was collected.

Ongoing Case Activity

Convictions

The Fraud Unit had One (1) Provider Fraud conviction, Five (5) claimant fraud convictions and twelve (12) uninsured employer convictions.

For restitution the Fraud Unit collected $255,057.00 for felony cases and $10,000.00 for misdemeanor cases.

Open Investigations

The Fraud Unit opened seven (7) investigations during FY 2024-2025. Two (2) of these investigations involve claimant fraud, four (4) are premium fraud investigations, and one (1) is provider fraud. Another provider fraud investigation that has been ongoing since last fiscal year had a search warrant executed this fiscal year resulting in a massive amount of evidence seized.

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2. Applicant Question: Task Forces and Agencies

List the governmental agencies and task forces you have worked with to develop potential workers' compensation insurance fraud cases.

Applicant Response:

California Department of Industrial Relations (DIR), Division of Workers' Compensation (DWC)

The Department of Industrial Relations, Division of Workers' Compensation, provides guidance, education, and information about the Workers' Compensation system of laws, rules, and court decisions. DWC provides information and documentation related to Qualified Medical Evaluators and Qualified Medical Evaluations. DWC also refers medical provider fraud cases to the Fraud Unit.

California Department of Industrial Relations (DIR), Division of Labor Standards Enforcement (DLSE), Bureau of Field Enforcement (BOFE).

The Bureau of Field Enforcement is responsible for investigation and enforcement of statutes covering workers' compensation insurance coverage, cash pay and unlicensed contractors and has the authority to issue stop orders penalties for said violations. BOFE refers uninsured employers to the Fraud Unit for prosecution and has provided other information leading to more complex workers' compensation fraud investigations.

Central Valley Workers' Compensation Fraud Task Force

The Fraud Unit has been a member of the Central Valley Premium Fraud Consortium since its inception in 2005. The counties in the Central Valley (Fresno, Tulare, Kings, Kern, Merced, and Madera) and the Fraud Division assist each other in investigating and prosecuting premium fraud cases. The Consortium was converted into a Task Force on August 2, 2017. A Memorandum of Understanding (MOU) established an agreement to operate an interagency workers' compensation anti-fraud partnership between the California Department of Insurance (CDI) and the District Attorney's

Offices in Fresno, Tulare, Kings, Kern, Merced, Madera and San Luis Obispo counties along with the Franchise Tax Board (FTB) and the Employment Development Department (EDD). This MOU governs the Central Valley Workers' Compensation Fraud Task Force (Task Force) operations. The mission of the Task Force is to successfully investigate and prosecute all areas of workers' compensation fraud in the participating counties, focusing our combined resources on complex medical fraud cases. The Task Force also works on premium and applicant fraud cases as directed by the Insurance Commissioner's goals and objectives. The approach of the Task Force is to include all areas of workers' compensation fraud but is committed to focusing on cases that have the highest impact in our respective communities and those that cross county lines.

Employment Development Department (EDD)

EDD is a member of the Task Force and provides valuable information regarding employer payroll.
EDD investigators also assist the Fraud Unit in analyzing Unemployment Insurance Code violations.

Contractors State License Board (CSLB)

CSLB's Statewide Investigative Fraud Team (SWIFT) routinely conducts undercover sting operations in Fresno County in an effort to deter uninsured contractors.
Fraud Unit investigators often participate in these stings and staff attorneys prosecute the cases. CSLB investigators also refer cases to the Fraud Unit when they identify an uninsured contractor out in the field. CSLB periodically conducts enforcement actions in Fresno County and also refers those uninsured employers to the Fraud Unit.

Department of Labor (DOL)

The Department of Labor refers uninsured employers, wage theft, and premium fraud cases to the Fraud Unit for prosecution.

Workers' Compensation Appeals Board (WCAB)

The Workers' Compensation Appeals Board refers claimants to the Fraud Unit when there is a question of employer fraud.
Transcripts from the hearings are often used to prove cases that are filed.

United States Postal Service (USPS)

Staff has also worked with investigators from the United States Postal Service, Office of Inspector General on cases involving postal employees committing workers' compensation insurance fraud.

Fresno Unified School District (FUSD)

The Fraud Unit works with the claim adjusters at FUSD on claimant fraud cases. FUSD is self-insured and adjusts their workers' compensation fraud cases in-house. The Fraud Unit has provided training to FUSD on numerous occasions.

County of Fresno

The Fraud Unit also works directly with Risk Management Department at the County of Fresno. Claimant fraud referrals are forwarded to the Fraud Unit.

U.S. Immigration and Customs Enforcement/Homeland Security Investigations

Many of the suspects investigated by the Fraud Unit are foreign-born nationals. The Homeland Security Investigations, Enforcement Removal Operations and Citizenship Immigration Services has assisted the Fraud Unit to determine the identities of claimant fraud suspects.

Federal Bureau of Investigations (FBI)

The Fraud Unit and the Special Agent in the Fresno office of the FBI who investigates medical fraud have partnered with CDI's Fraud Division to investigate large scale organized provider fraud.

Drug Enforcement Administration (DEA)

The Fraud Unit investigators and DEA diversion investigators collaborate on cases involving the diversion of prescription medications by medical professionals (i.e. patients or doctors misusing or selling controlled substances). The DEA provides the controlled substance prescription information that might lead to evidence of criminal activity by medical providers or claimants.

Franchise Tax Board (FTB)

Suspects willing to commit premium and medical fraud are often willing to defraud other entities, including the State of California. When the Fraud Unit suspects an individual or business entity is committing tax evasion, it will make a referral to the Franchise Tax Board.

California Department of Corrections and Rehabilitation (CDCR)

Investigators from the Department of Corrections and Rehabilitation, Office of Internal Affairs and the Fraud Unit partner on claimant fraud cases when the claimant is a Department of Corrections employee working in Fresno County.

Fresno Police Department

The Fresno Police Department has contacted the Fraud Unit for training in workers' compensation investigations regarding potential claimant fraud by employees.

Clovis Police Department

The Clovis Police Department has contacted the Fraud Unit to collaborate on workers' compensation investigations regarding potential claimant fraud by employees.

3. Applicant Question: Unfunded Contributions

Specify any unfunded contributions and support (i.e., financial, equipment, personnel, and technology) your county provided in Fiscal Year 24-25 to the workers' compensation insurance fraud program.

Applicant Response:

The Fresno County District Attorney's Office has assigned a Budget Analyst, Chief Deputy District Attorney, and a Commander of the Bureau of Investigations to oversee the Fraud Unit. The Bureau of Investigations also provides additional staff for the service of search and arrest warrants for purposes of officer safety.
This year we utilized a public information officer from our office who contributed time for the creation of a media campaign supporting our outreach efforts.

The Fraud Unit is committed to maintaining its current staffing level which includes two senior DA investigators to be housed at CDI's Central Valley Regional Office as part of the Task Force.

The Fraud Unit is physically located in the same location as other grantees of the California Department of Insurance. This allows Investigators and prosecutors to roundtable and share information and ideas as to how to effectively investigate and prosecute our cases. We supply office space without charging lease costs or facility fees to the grant.

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4. Applicant Question: Personnel Continuity

Explain what your county is doing to achieve and preserve workers' compensation fraud institutional knowledge in your grant program. Also detail and explain the turnover or continuity of personnel assigned to your workers' compensation insurance fraud program. Include any rotational policies your county may have.

Applicant Response:

The Fresno County District Attorney's Office does not have a rotational policy. Generally, turnover is minimal, and the office is committed to maintaining continuity of staff to develop the expertise necessary in this area of law. The Fraud Unit prioritizes training from all sources, including that offered by CDI's Central Valley Regional Office, training provided by other District Attorney Offices, and self-study to bring all Fraud Unit staff up to speed quickly.
We have had no turnover since the last grant cycle.

Manuel Jimenez is currently the Chief of the Fraud Unit and came on board in January of 2023. Chief Jimenez oversees the Fraud Unit as well as the other units that receive Department of Insurance grants. He has been working in financial crimes for over 18 years having been assigned to the auto insurance fraud, workers' compensation insurance fraud, and consumer protection units as deputy district attorney and senior deputy district attorney during that time.

Deputy District Attorney Trevor Z Oppliger was assigned to the Fraud Unit on January 24, 2022.He started with the office as an intern in the summer of 1997, was hired as extra help that December and became a full-time employee in April of 1998. He worked in this grant previously from 2008 to 2012 allowing him to seamlessly integrate back into this field bringing over 25 years of prosecutorial experience with him.

Senior Investigator Michael Ortiz was assigned to the Fraud Unit on March 9, 2020. Mr. Ortiz has over thirty-two (32) years of experience in law enforcement which includes eight (8) years with the California Highway Patrol and over twenty (20) years with the California Department of Justice, Bureau of Investigations. He has extensive experience in complex investigations involving narcotics, money laundering and financial crimes.

Senior Investigator Romeo Grajeda was assigned to the Fraud Unit on September 1, 2022 Mr. Grajeda has been with the Fresno County District Attorney's Office for 9 years and has been assigned as a senior investigator to the Felony Trials Team, the In Home Supportive Services Fraud Investigation Unit, the Juvenile Justice Center Team, the Homicide Unit, and the Financial Crimes Unit where he handled various types of cases including: Real Estate Fraud, Major Fraud, Rural/ AG Crimes, Elder Abuse, Consumer Protection, and animal cruelty crimes. Prior to coming onboard with the Fresno County District Attorney's Office, Mr. Grajeda was a Fresno County Sheriff's Office Deputy for 13 years where he was assigned as a patrol deputy, courthouse operations, detention deputy, and as a detective. The last 7 years of his tenure with the Fresno County Sheriff's Office were in the Homicide Unit where he investigated every form of homicide, including those involving officer use of force such as officer involved shootings.

Senior Investigator Max Garces was assigned to the Fraud Unit on August 1, 2023. Investigator Garces has over thirty-three (33) years of experience in law enforcement which includes ten (10) years with the Woodland Police Department, 19 years with the Clovis Police Department and 4 years with the Fresno County District Attorney's Office. He has extensive experience in complex investigations involving homicide, property crimes, crimes against people, gang Investigations, and financial crimes. During his time at the Fresno County District Attorney's Office Investigator Garces has been assigned to the Homicide unit, the Officer Involved shooting team, and felony trials prior to his current assignment with the fraud unit.

5. Applicant Question: Frozen Assets Distribution

Were any frozen assets distributed in FY 24-25?

If yes, please describe. Assets may have been frozen in previous years.

Applicant Response:

No

Sub Section Name: Staffing

1. Applicant Question: Staffing List

Complete the chart and list the individuals working the program. Include prosecutor(s), investigator(s), support staff, and any vacant positions to be filled.

All staff listed in your application budget must be included in the chart.

For each person, list the percentage of time dedicated to the program and the start and end dates the individual is in the program. The entry in the"% Time" field must be a whole number, i.e., an employee who dedicates 80% of their time to the program but is only billed 20% to the program, would be entered as "80" in the "% Time Dedicated to the Program" column.

Applicant Response:

Name	Role	Start Date	End Date (leave blank if N/A)	% Time Dedicated to the Program
Trevor Z Oppliger	Deputy District Attorney	01/24/2022		97
Romeo Grajeda	Senior DA Investigator	08/22/2023		100
Mike Ortiz	Senior DA Investigator	03/09/2020		100
Max Garces	Senior DA Investigator	07/24/2023		100
Ruby Rivera	Senior Legal Assistant	03/04/2024		100
Manuel Jimenez	Chief Deputy District Attorney	08/06/2012		10
Ruth Falcon	Supervising Accountant	06/05/2005		15
Marshall Varela	Supervising Senior DA Investigator	10/02/2023		15

Applicant Comment:

The Chief Deputy District Attorney, Supervising Accountant, and Supervising Senior DA Investigator are unfunded positions.

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2. Applicant Question: FTE and Position Count

The staff and FTE included in the chart below MUST MATCH the staff and FTE listed in your application budget. Do not include unfunded personnel.

The "# of Positions" field represents people and must be entered in whole numbers. The "FTE" field must be entered as a decimal and represents the Full Time Equivalent (FTE) for all budgeted personnel in that position.

E.g., Two Attorneys who are billed to the program at 80% each would be entered as "2" in the # of Positions field and "1.60" in the FTE field.

Reminder: This chart MUST match your application budget.

Applicant Response:

Salary by Position	# of Positions (whole numbers)	FTE (1.00 = 2080 hours/year)
Supervising Attorneys		
Attorneys	1	.97
Supervising Investigators		
Investigators (Sworn)	3	3
Investigators (Non-Sworn)		
Investigative Assistants		
Forensic Accountant/Auditor		
Support Staff Supervisor		
Paralegal/Analyst/Legal Assistant/etc.	1	1
Clerical Staff		
Student Assistants		
Over Time: Investigators	3	.02
Over Time: Other Staff		
Salary by Position, other		
	Total: 8.00	**Total: 4.99**

3. Applicant Question: Organizational Chart

Upload and attach to this question an Organizational Chart; label it "25-26 WC (county name) Org Chart".

The organizational chart should outline:

- *Personnel assigned to the program. Identify their position, title, and placement in the lines of authority to the elected district attorney.*
- *The placement of the program staff and their program responsibility.*

Applicant Response:
25-26 WC Fresno Org Chart.pdf - PDF FILE

Sub Section Name: Problem Statement & Program Strategy

1. Applicant Question: Problem Statement

Describe the types and magnitude of workers' compensation insurance fraud (e.g., claimant, single/multiple medical/legal provider, premium/employer fraud, insider fraud, insurer fraud) relative to the extent of the problem specific to your county.

Use local data or other evidence to support your description.

Applicant Response:

As of 2024, Fresno County's population is estimated at 1,024,125 and has seen growth of 1.5% since 2020 (U.S. Census Bureau). It is the sixth (6th) largest county in California by land area (labormarketinfo.edd.ca.gov), and the tenth (10th) largest county by population (worldpopulationreview.com). Agriculture is the bedrock of the Central Valley's economy. Valley growers make up California's $59 billion per year agricultural industry and are among the leaders nationwide for the production of grapes, almonds, pistachios, cattle, dairy products and more. (CDFA 2023 Crop Report). Agriculture provides approximately 20% of the region's jobs and it is estimated that one out of three jobs is related to agriculture (FC AG Crop Report, 2023). In 2024, Fresno County was the leading county in the state in agricultural production with sales exceeding $6.9 billion (2022 USDA Census of Agriculture).

California's unemployment rate as of January 2025 is 5.4% which marks the third consecutive month-over decline (-6,400) in unemployment. California has maintained strong post-pandemic job growth, averaging over 54,607 jobs gained per month since 2020 – completely recovering key industry job totals, and in several sectors, growing beyond pre-pandemic levels (EDD's 2023 Year in Review). Between February 2024 and February 2025, total industry employment in the Fresno Metropolitan Statistical Area (MSA, i.e., Fresno and Madera Counties) increased by 11,400 jobs (up 2.4 percent). Nonfarm employment rose by 11,700 jobs (up 2.7 percent), while farm employment declined by 300 jobs (down 0.6 percent) (labormarketinfo.edd.ca.gov).

In February 2025, the unemployment rate in the Fresno MSA was 8.9%, up from 8.6% in January 2025, and up from the year-ago estimate of 8.4% (labormarketinfo.edd.ca.gov). The median household income in Fresno County is approximately $71,434, and approximately 17.7% of the County's population lives below the poverty line (U.S. Census Bureau). Fresno County has the largest number of rural poor of any county in California (Daily Journal).

Fresno County is also home to a diverse community. Because Fresno County generates over eight (8) billion dollars in agricultural business, it is a prime destination for immigrant workers looking for employment (FC AG Crop Report, 2022-2023). 95% of the area's immigrant population are from either Latino or Asian countries. Hispanics and Latinos account for more than half of Fresno County's population (U.S. Census Bureau). Latinos make up 68% of the total foreign-born population in the greater Fresno area while approximately 27% are from Asian countries, and 60% speak poor to no English at all (peoplegroups.info). Fresno county has the second largest Hmong population in the U.S. with over 35,000 people in 2019 (edsource.org/2023). Both groups actively work in the agricultural industry.

43.8% of Fresno's residents speak languages other than English at home (U.S. Census Bureau), the largest group being Spanish which is spoken by over 30% of the population (healthyfresnocountydata.org). Approximately 85% of Spanish speakers in Fresno County speak no English. Of the Hmong immigrants, approximately 60% do not speak English. This language barrier contributes to a poor understanding of one's legal rights and obligations in the workers' compensation system (American Community Survey, U.S. Census Bureau 2023).

Fresno county ranks in the top ten (10) counties for suspicious fraud claims (SFC's) and ranked eighth overall in 2023 (California Department of Insurance 2023 Annual Report). The COVID-19 pandemic presented new opportunities for

workers' compensation fraud the likes of which are yet to be fully realized. Consider simply how the definition of "workplace injury" will change as one's workplace is in his/her home. California has a higher percentage of workers typically working from home compared to the rest of the US, with 17% of California workers saying they typically worked from home in 2022 (Public Policy Institute of California). While fully remote work is declining, hybrid models are becoming more common (Forbes and Robert Half).

The entire nation is experiencing a shortage of district attorney candidates. Even law schools have been struggling to maintain application rates to combat the issue (forbes.com). The Central Valley, which is largely rural, has been recognized as an "attorney desert" where attracting attorney candidates has been incredibly difficult leaving vulnerable communities with unmet legal needs (One Legal, NH Business Journal, and the California Commission on Access to Justice). The Fresno County District Attorney's Office has been experiencing a significant vacancy rate for over three years. This has caused an incredible increase in case volume per attorney and has left critical positions vacant for years.

Several farming and packing business are among the largest employers in Fresno County. Among them are Central Valley Meat Holding Company (acquired the Cargill Fresno processing plant in 2024 and Harris Ranch Beef in 2019 according to The Business Journal), Pitman Family Farms, and Stamoules Produce Company (labormarketinfo.edd.ca.gov).

Wawona Frozen Foods and Foster Farms are also two (2) of the largest employers in the County. Wawona Frozen Foods employs approximately two hundred to five hundred (200-500) workers (agriculture.house.gov), and Foster Farms employs approximately eleven thousand (1,100) workers at its Fresno facility. Central Valley Meat Holding Co. employs over nine hundred (900) workers (centralvalleymeat.com).

It is well known that the agriculture industry lends itself to low pay, physically demanding work and transitory workers. A quick survey of past referrals to our Fraud Unit shows a high percentage of fraud referrals and cases involve individuals working in the agriculture industry. The Fraud Unit believes that the high number of claimant fraud cases are reflective of the County's economic status.

Interestingly, occupations in Fresno County with the fastest job growth are in the health industry (EDD Employment Projections, 2020-2026).

Medical Provider Fraud is a major problem in Fresno County. The fraud schemes of southern California and Kern County are ever present in Fresno. As in the case of claimant/applicant fraud, many injured workers who suffer from language barriers cannot take an active role in their medical treatment. Workers who were interviewed in past cases complained that body parts being treated were never injured.

Medical providers can generate income by making inflated claims, phantom treatments and patients, by submitting false claims, up-charging for real treatments, or providing unnecessary or duplicative services.

The Department of Health and Human Services, Office of the Inspector General estimates that there were 4.5 billion dollars' worth of telehealth related Medicare fraud losses in fiscal year 2020. A 2024 Robert Half survey suggests about 6% of all healthcare jobs are hybrid and another 5% are fully remote. The Fraud Unit anticipates an increase in workers

compensation fraud that corresponds with expanded use of telemedicine.

2. Applicant Question: Problem Resolution Plan

Explain how your county plans to resolve the problem described in your problem statement. Include improvements in your program.

Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Specify how the district attorney will address the workers' compensation insurance fraud problem, defined in the Problem Statement, through the use of program funds.

The discussion should include the steps that will be taken to address the problem, as well as the estimated time frame(s) to achieve program objectives and activities.

The response should describe:

- The manner in which the district attorney will develop his or her caseload;
- The sources for referrals of cases; and
- A description of how the district attorney will coordinate various sectors involved, including employers, insurers, medical and legal providers, CDI, self-insured employers, public agencies such as the Department of Industrial Relations, Employment Development Department, and local law enforcement agencies.

Applicant Response:

Since the Fresno County District Attorney's Office was unable to fill the deputy district attorney vacancy in this unit for the last four fiscal years the decision was made not to seek funds for that position that had been maintained for over a decade. That decision allowed for the distribution of those assets to counties that can make immediate use of those funds. The Fresno County District Attorney's Office is still committed to filling that position once the critical shortage of attorneys is addressed as we have numerous vacancies currently.

Claimant Fraud

The Fraud Unit will continue to provide outreach to employers and SIUs on the red flags concerning applicant fraud and the evidence/documentation needed for criminal charges to be filed. It is important to ensure that employers understand the measures that they can take to reduce workers' compensation by illustrating current trends and methods used to accomplish the fraudulent activity.

The Fraud Unit will continue to encourage referrals and further streamline the referral process. The Fraud Unit established a specific email address for the submission of FD1s. This will help maximize the number of FD1s received by our office and allow for prompt review and response to identify and prosecute fraud in its earliest stages. The email inbox will be maintained by the Fraud Unit even where there is a change in staff. The Fraud Unit also hopes to increase its outreach to those communities and businesses where we see an increase in referrals.

The Fraud Unit hopes to continue our relationships with local farmers and packers such as Harris Ranch and Foster Farms. These companies have a sufficient employment base to provide many referrals on a regular basis.

Premium Fraud

As a member of the Task Force, the Fraud Unit coordinates with the Fraud Division of the Department of Insurance and other counties in the Central Valley to investigate and prosecute premium fraud. The Task Force prioritizes its resources and focuses on the most serious cases. The Task Force meets quarterly to review potential and ongoing cases. This

allows the Task Force to streamline investigations, shortening the time in which they are conducted and maintaining the integrity of the prosecution.

Partnering with EDD has proven invaluable when attempting to prove premium fraud. Employers often report payroll accurately to EDD. Thus, a discrepancy between what was reported to EDD and what was reported to the insurer can provide valuable evidence of fraud.

The Fraud Unit also works with FTB on all types of workers' compensation fraud investigations. FTB has assisted with bank warrants and will often bring their tax fraud cases to the Fraud Unit for investigation and prosecution when combined with a premium fraud allegation.

EDD and FTB are currently members of the Task Force.

Uninsured Employer Fraud

The majority of uninsured employer cases are filed with the assistance of CSLB's Statewide Investigative Fraud Teams (SWIFT) and IC (Investigations Center) units. The Fraud Unit and other members of the Task Force participate in undercover stings with CSLB. Fraud Unit investigators will also accompany CSLB investigators in the field to contact uninsured contractors with employees on site. The Fraud Unit maintains regular contact with CSLB and continues to explore options in combatting uninsured employer cases.

Medical Provider Fraud

Medical provider cases are not only complex, but they are also lengthy. The Fraud Unit, along with the Task Force, focus on this type of fraud with the goal of completing investigations and filing charges in a timely manner.

Through the Task Force, the Fraud Unit has made medical provider fraud investigation a priority and are currently working on several cases.

Combatting provider fraud is often difficult due to the lag time between when the fraud occurs and when it is detected. Oftentimes, bad actors will submit the same claims and patients over and over again. However, with the use of data analytics, an insured can quickly and efficiently analyze large amounts of data to identify patterns that might be flags for fraud. The Fraud Unit intends to have greater contact with SIUs to aid in identifying and investigating medical providers that are suspected of ongoing fraudulent activities.

The Fraud Unit also intends to address the issue of provider fraud in its outreach to the public. This will serve not only to educate but inform the public of their role in helping law enforcement curtail fraudulent activity by medical providers.

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3. Applicant Question: Plans to Meet IC and FAC Goals

What are your plans to meet the announced goals of the Insurance Commissioner and the Fraud Assessment

Commission?

If these goals are not realistic for your county, please state why they are not, and what goals you can achieve. Include your strategic plan to accomplish these goals. *Copies of the Goals can be found in the Announcement Attachments, 4g and 4h.*

Applicant Response:

The objectives of Commissioner Lara and the Fraud Assessment Commission have been reviewed and the Fraud Unit plans to meet the objectives in the following ways.

In order to maximize the use of resources, the Fraud Unit routinely meets with Department of Insurance investigators and supervisors to develop and refine investigations and litigation of cases filed. This proactive relationship allows for a thoughtful and organized plan of action and the best use of resources without compromising quality for quantity. The Fraud Unit strongly believes that the nature and extent of investigator-prosecutorial collaboration affects not only the quality of the investigations and prosecutions but even the kind of cases that get pursued. In order to enhance more successful investigations and prosecutions, the Fraud Unit intends to provide training to investigators on the legal and ethical issues presented in workers' compensation fraud cases and share with them the vantage point of the prosecutor. The Fraud Unit also hopes to develop public outreach that is jointly conducted by both the Fraud Unit and the Department of Insurance. We have a Joint Plan with our local branch of the Department of Insurance and are constantly working together to maximize efficiency and promote a great impact on the community at large through both outreach and prosecutions.

The Fraud Unit recognizes the need to prioritize its investigations and prosecutions of the fraud with the greatest fiscal impact. Medical provider fraud has been a rising problem in Fresno County. We have participated in several trainings to aid us in the identification, investigation, and prosecution of this type of fraud. The Task Force is currently undertaking several investigations which will hopefully lead to prosecutable cases in the near future. To meet this goal, the office has one (1) full time prosecutor position, and three (3) full time investigator positions assigned to the Fraud Unit. Two (2) of these investigator positions are dedicated full time to the Task Force to investigate medical provider and premium fraud.

The Task Force coordinates efforts with CDI and other Central Valley counties to complete investigations on medical provider fraud and complex applicant and premium fraud cases. The two (2) dedicated Task Force investigators are housed at CDI's Central Valley Regional Office and will not only work Fresno cases, but assist other counties in the Central Valley to combat the more complex cases more efficiently and effectively.

Outreach is a critical component to the success of the Fraud Unit. Currently, the Fraud Unit maintains a webpage on the County website to include information about the various types of workers' compensation in order provide answers to frequently asked questions (FAQs) and allow for the online reporting of potential fraud directly to the Fraud Unit. The Fraud Unit also developed a workers' compensation brochure to include both Spanish and English versions and has distributed copies to agencies/organizations that provide public services, like Central California Legal Services (CCLS), California Rural Legal Assistance (CRLA) and the Mexican Consulate.

A multi-county media campaign has been initiated and the prospects of influencing a greater portion of our community is the intention and outlook. Due to its infancy, we are unable to provide immediate numbers, but we'll be able to provide a first look at the time of the next Grant Review Panel meeting in June. In addition, we are broaching the possibility of expanding this effort to include a video driven public service announcement campaign next and are excited to explore this in the upcoming fiscal year.

The Fraud Unit regularly participates in the NICB's Central Valley Medical Fraud Task Force Meetings and the Kern County SIU Roundtable meetings as both often discuss workers' compensation fraud issues.

Performance and continuity within the program are critically important to our office. In light of that, both the Chief and the assigned deputy have over 50 years of experience, much of which involves fraud and workers' compensation insurance fraud in particular. On the investigative side each position has been staffed with a senior investigator with a background in financial crimes and fraud. We are always striving to keep trained personnel in specialty assignments and our close relationship with CDI coupled with our own expertise allows for in house training when movement is necessary. In the past

fiscal year, we have retained all personnel assigned to the unit.

The Fraud Unit strives to maintain a balanced caseload by investigating and prosecuting all forms of workers' compensation fraud. Staff will continue to review and pursue referrals and will continue to work with and establish new relationships with SIUs, third-party administrators and self-insureds to ensure that they have the knowledge necessary to make referrals.

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4. Applicant Question: Multi-Year Goals

What specific goals do you have that require more than a single year to accomplish?

Applicant Response:

Complex medical provider and premium fraud cases oftentimes take more than a year to investigate. The Fraud Unit and the Task Force continue to collaborate to find ways to streamline larger investigations to expedite filing and curtail ongoing fraudulent behavior.

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5. Applicant Question: Restitution and Fines

Describe the county's efforts and the District Attorney's plan to obtain restitution and fines imposed by the court to the Workers' Compensation Fraud Account pursuant to California Insurance Code Section 1872.83(b)(4).

Applicant Response:

The Fraud Unit maintains an internal database of all restitution orders on criminal convictions. Payments are made directly to the Fraud Unit, are documented and then forwarded to the victim(s). When a defendant misses a payment, staff sends a notification letter to him/her to remind them of the obligation. In the event the letter is unsuccessful in gaining compliance, staff notifies the Probation Department and defense attorney and sets a hearing for a probation violation.

In addition to requesting that restitution be made a condition of probation when probation is granted, the Fraud Unit requests the Court issue a civil judgment for the full amount. This allows a victim to enforce the criminal restitution order as a civil judgment should he/she fail to make restitution after the term of probation has expired.

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6. Applicant Question: Restitution Numbers

Provide the amount of restitution ordered and collected for the past five fiscal years.

If this information is not available, provide an explanation.

Applicant Response:

Fiscal Year	Restitution Ordered	Restitution Collected
2024-25	$229,452.00	$271,965.00
2023-24	$393,378.00	$273,612.00
2022-23	$1,028,264.00	$214,993.00
2021-22	$68,281.00	$20,148.00
2020-21	$396,526.00	$87,406.00
	Total: $2,115,901.00	**Total: $868,124.00**

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7. Applicant Question: Utilization Plan Related to Unexpended Funds

If you had any unexpended funds from FY 23-24 (Overview Questions 2 & 3), address the below question(s). If you did not have any unexpended funds from FY 23-24, mark N/A.

1) You must address if you are on track to expend all of your Total Funding for FY 24-25. This includes your FY 24-25 Awards and FY 23-24 Approved Unexpended Funds.

2) If you are not on track to expend your Total Funding and you are not asking for a corresponding reduction in your grant request, please explain.

Applicant Response:

Not Applicable

Applicant Comment:

Not Applicable

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8. Applicant Question: Utilization Plan

Your budget provides the amount of funds requested for Fiscal Year 25-26.

Provide a brief narrative description of your utilization plan for the Fiscal Year 25-26 requested funds.

If an increase is being requested, please provide a justification. Any information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Applicant Response:

$ 1,276,852 FY 2025-2026 Grant REQUEST	$ 1,156,628 FY 2024-2025 Grant AWARD	$ 120,224 FY 2025-2026 Increase Requested

The Fraud Unit is requesting an increase in funding for FY2025-2026 due to negotiated salary and benefit increases for employees.

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9. Applicant Question: Uninsured Employers

Describe the county's efforts to address the problem of uninsured employers.

Local district attorneys have been authorized to utilize workers' compensation insurance fraud funds for the investigation and prosecution of an employer's willful failure to secure payment of workers' compensation as of January 2003.

Applicant Response:

The Fraud Unit enjoys a close working relationship with CSLB. The Fraud Unit not only participates in sting operations and regularly meets with investigators to exchange information on developments in the law or regarding the uninsured employer problem in the Fresno area. Generally, the Fraud Unit requires compliance prior to the reduction of a sentence or charges. In addition, our unit has been actively partnering with CDI in operations aimed at compliance and enforcement.

Sub Section Name: Training and Outreach

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1. Applicant Question: Training Received

List the insurance fraud training received by each county staff member in the workers' compensation fraud unit during Fiscal Year 24-25.

If it is a multiple day training/conference (e.g. CDAA, AFA, etc.), only one entry is required; enter the first day for the "Training Date" field.

For the "Hours Credit" field, enter the combined total hours of credit for all attendees.

Applicant Response:

Number of Personnel	Training Date	Provider	Location	Topic	Hours Credit (combined total)
2	10/21/2024	CDAA	Santa Rosa	Annual Conference Training	37.5
1	11/18/2024	SCFIA	Palm Springs	Annual Conference Training	15

2. Applicant Question: Training and Outreach Provided

Upload and attach the Training and Outreach Provided form in Excel; label it "25-26 WC (county name) Training and Outreach Provided". Do not include training *received*; **only list training and outreach provided in FY 24-25** as outlined in the outreach definition below.

- For the number of Attendees / Contacts list only ***numbers***; no other characters. Estimate the number as best you can. The data provided on this Excel sheet is compiled and presented to the Insurance Commissioner as Outreach is a focus of the Commissioner's Goals & Objectives.
- For the purposes of the insurance fraud grant programs, "outreach" is defined as: Any activity undertaken by a grant awardee to inform and educate the public on the nature and consequences of insurance fraud and the training and sharing of best practices with industry stakeholders and allied law enforcement agencies. The results will be crime prevention, the generation of quality referrals from the public, business community, insurance industry, and law enforcement, and improved strategies for the investigation and prosecution of insurance fraud.
- *If, in the form, you listed any "Other, Specify" provide a brief explanation here; other additional comments are optional. The blank form is located in the Announcement Attachments, 1a.*

Applicant Response:

Label attachment "25-26 WC (County) Training and Outreach"

Attachment:
25-26 WC Fresno Training and Outreach Provided.xlsx - EXCEL DOCUMENT

3. Applicant Question: Future Training and Outreach

Describe what kind of training/outreach you plan to provide in Fiscal Year 25-26.

Applicant Response:

The Fraud Unit specifically seeks to maximize public awareness by targeting both potential offenders and victims. To this end, the Fraud Unit will provide training and outreach to community members and organizations by way of Webinars and workshops regarding the workers' compensation system and one's rights and responsibilities within that system. The Fraud Unit will offer its services to large industry's Human Resource departments, labor organizations and local business associations as well as non-profit agencies serving the indigent. Consistent with the "Joint Plan," the Fraud Unit will endeavor to provide this service jointly, where feasible.

The Fraud Unit intends to supplement its efforts on education and prevention by providing training to its investigators, Task Force investigators and allied law enforcement with an emphasis on potential legal issues and best practices in criminal investigations. This will aid in producing stronger evidence-based investigations with the efficient use of limited resources.

The Unit will continue to participate in quarterly roundtables with allied agencies and SIUs along with participating in large scale events such as the Tulare World Ag Expo.
We have increased our participation in large Mexican Consulate events targeting the vulnerable undocumented community.

Finally, we have begun a multi-county media campaign to raise awareness and encourage reporting for employees and employers.

Sub Section Name: Joint Plan

1. Applicant Question: Joint Plan

Upload your WC Joint Plan and label it "25-26 WC (county name) Joint Plan".

Each County is required to develop a Joint Plan with their CDI Regional Office, to be signed and dated by the Regional Office Captain and the Prosecutor in Charge of the Grant Program. Please note, the joint plan you upload is a tentative agreement pending execution of a Grant Award Agreement (GAA) signed by the authorized parties. Additional information is in the Announcement Attachments, 3c, and also copied into the attached instructions to this question.

Applicant Response:

Confirm signed and dated by all parties.

Attachment:
25-26 WC Fresno Joint Plan.pdf - PDF FILE

Section Name: Investigation Case Reporting

Sub Section Name: Investigation Case Information Relating to Questions

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1. Applicant Question: County Plan Confidential Investigation Details

If you discussed any confidential cases throughout the County Plan section and provided a reference number, please include additional confidential details on an attachment uploaded here.

The reference number/citation used in the County Plan narrative responses should be repeated in your document upload. Task Force cases should specifically name the task force and your county personnel's specific involvement / role in the case.

Upload your own attachment and label it ***"25-26 WC (county name) County Plan Confidential Investigation Details" upload and mark confidential, then attach to this question. If no investigation information was referenced, mark the N/A response.***

Applicant Response:

Not Applicable

Applicant Comment:
Not Applicable

Sub Section Name: Reporting on All Investigations

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1. Applicant Question: Investigation Case Activity Report (ICAR)

Download Announcement Attachment 1bii, label it "25-26 WC (county name) ICAR" upload and mark confidential, then attach to this question.

This document requires information regarding each investigation case that was reported in the DAR, Section III C (Investigations). Two of the three reporting components ask for case counts only. The total of the case counts in Part 1 and

Part 2, along with the number of case entries in Part 3, should equal your total investigation case count reported in the DAR section III (Investigations). The blank form is located in the Announcement Attachments, 1bii. Do NOT substitute descriptions in Part 3 in lieu of case counts for Part 1 and Part 2.

Reminders:

1. *The total of the case counts in the ICAR Parts 1, 2, and 3, should equal your total investigation case count reported in the DAR Section III.*
2. *Vertical Prosecutions should not be counted as an Investigation or a Joint Investigation.*

Click the "SHOW INSTRUCTIONS" link above to view directions on how to properly complete the report.

Applicant Response:
25-26 WC Fresno ICAR.pdf - PDF FILE

Sub Section Name: New Investigation Information for Cases in Court

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1. Applicant Question: Cases in Court Investigation Case Activity

Do you have NEW Investigation Information for cases that started the year in prosecution that you want to include? This section is optional.

If you do have cases to report, download Announcement Attachment 1c, label it ***"25-26 WC (county name) Cases in Court Investigation Case Activity" upload and mark confidential, then attach to this question.***

Provide only investigation information for case(s) that started the fiscal year in prosecution, but required additional investigation during the reporting period. ***Other than current status, no prosecution case information should be included.***

Applicant Response:

No

Section Name: Acknowledgment

Sub Section Name: Acknowledgment

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1. Applicant Question: Acknowledgment

For purposes of the grant application process and Grant Award Agreement (GAA), the term "application" refers to the grant application and its Funding Announcement Attachments including, but not limited to, the Budget Instructions, Grant Requirements, and Fact Sheets.

Applicant Response:

I acknowledge
