

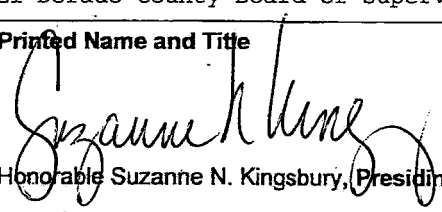
## Comprehensive Drug Court Implementation NOTICE OF GRANT AWARD El Dorado County

The Department of Alcohol and Drug Programs hereinafter called the Grantor, hereby makes a grant award of funds for the Comprehensive Drug Court Implementation (CDCI) Grant Award to El Dorado County, hereinafter called the Grantee, in the amount, for the purpose, and duration set forth in this Grant Award.

<b>Grantee Project Director (Name, Address and Telephone Number)</b> Shirley White 415 Placerville Dr. Placerville, CA 95667	<b>Grant Award Number: CDCI-09-10-09</b> <b>Award Period: January 1, 2010 thru December 31, 2010</b> <b>Project Budget Period January 1, 2010 thru December 31, 2010</b>
<b>Grantee Financial Officer (Name, Address and Telephone Number)</b> Gretchen Bailey 941 Spring St., Suite 3 Placerville, CA 95667	<b>State General Fund Amount: \$93,334</b> <b>Match Amount: \$18,667</b> <b>Total Project Amount: \$112,001</b>

This Notice of Grant Award and the following attached documents are incorporated into the Notice of Grant Award by reference: The approved Application (proposal) submitted by a county alcohol and drug program administrator in partnership with the presiding judge, the Request for Applications, the Comprehensive Drug Court Implementation Act (Health & Safety Code § 11970.1 through §11970.35 inclusive), and the Terms and Conditions of the Grant Award.

The Grantee hereby signifies its acceptance of this Grant Award and agrees to administer the grant project in accordance with the terms and conditions set forth in or incorporated by reference in this Grant Award.

<b>STATE OF CALIFORNIA</b>	<b>GRANTEE</b>
Department of Alcohol and Drug Programs	El Dorado Public Health Department 931 Spring St. Placerville, CA 95667
<b>By (Authorized Signature)</b>	<b>By (Authorized Signature)</b>
<b>Printed Name and Title</b>  Susan Lussier, Deputy Director, Division of Administration	<b>Printed Name and Title</b>  Shirley White, <del>Gayle Erbe Hamlin</del> , County Alcohol and Drug Program Administrator
<b>Address:</b> Department of Alcohol and Drug Programs Office of Criminal Justice and Collaboration Drug Court Coordinator 1700 K Street, 5 <sup>th</sup> Floor Sacramento, CA 95811-4037	<b>By (Authorized Signature)</b>  Ron Briggs, Chairman El Dorado County Board of Supervisors
	<b>Printed Name and Title</b>  Honorable Suzanne N. Kingsbury, Presiding Judge

### FOR STATE USE ONLY

<b>Budget Revision Number</b>				
<b>PCA , Index, and Object:</b>	<b>Item:</b>	<b>Chapter</b>	<b>Statute</b>	<b>Fiscal Year:</b>
50915 / 6009 / 702.13	#4200-101-0001		2009	2009- 2010

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

<b>SIGNATURE OF ADP ACCOUNTING OFFICER</b>	<b>Date</b>
--	-------------

## Notice of Grant Award Instructions

Grantee Project Director: The name, address, and telephone number of the party who generally manages the Grant. This party should receive copies of all correspondence related to the Grant. This information is to be provided by the Grantee and must be included before the Department of Alcohol and Drug Programs will process the Grant Award.

Grant Award Number: The first set of alpha characters identifies the drug court program. The second set of digits identifies the state fiscal year of the program funds. The third set of digits identifies the county receiving funds. The fourth alpha character and digit pair identifies the amendment number (**these digits are only included on amendments**).

Award Period: The beginning and end date of the entire Grant Award.

Project Budget Period: The beginning and end date that the funds within this agreement may be expended.

Grantee Financial Officer: The name, address, and telephone number of the party who should receive copies of correspondence related to fiscal aspects of the grant. This information is to be provided by the Grantee and must be included before the Department of Alcohol and Drug Programs will process the Grant Award.

State General Fund Amount: The amount of State General Funds obligated by the Grant Award Agreement for the identified Project Budget Period.

Match Amount: The amount of match included in the grant proposal for the identified Project Budget Period.

Total Project Amount: The sum total of the State General Fund Amount and the Match Amount.

Distribution: County Alcohol and Drug Program Administrator (Two Originals)  
Department of Alcohol and Drug Programs, Office of Drug Court Programs  
(One Original).