

INSURANCE COMMISSIONER  
OF THE STATE OF CALIFORNIA

**GRANT AWARD AGREEMENT**

Fiscal Year 2018-19

**High Impact Insurance Fraud Program Grant**

The Insurance Commissioner of the State of California hereby makes award of funds to **El Dorado 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 which is made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant project in accordance with all applicable statutes, regulations, and the Request for Application (RFA)

**Duration of Grant:** The grant award is for the program period **July 1, 2018** through **June 30, 2019**.

**Purpose of Grant:** This grant award shall be used solely for the purposes of enhanced investigation and prosecution of insurance fraud cases with suspected loss over \$1,000,000, and meeting the qualifying case requirements of the Workers' Compensation, Disability and Healthcare, Automobile, and/or Organized Automobile Insurance Fraud programs.

**Amount of Grant:** The grant award amount(s) listed herein has been determined by the Insurance Commissioner and is to be used for the investigation and prosecution of the specific insurance fraud case(s) for which it is awarded: **Case #1 \$60,000**.

Official Authorized to Sign for Applicant/Grant Recipient	<b>RICARDO LARA</b> Insurance Commissioner
_____ Name: <b>Vern R. Pierson</b> Title: District Attorney Address: 778 Pacific Street Placerville, CA 95667 Date:	_____ Name: <b>George Mueller</b> Title: Deputy Commissioner Date:

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

\_\_\_\_\_  
Crista Hill, Budget Officer, CDI

\_\_\_\_\_  
Date