



**RICARDO LARA**  
CALIFORNIA INSURANCE COMMISSIONER

February 21, 2020

Kerri Williams-Horn  
Chief Financial Officer  
El Dorado County District Attorney's Office  
330 Fair Lane  
Placerville, CA Williams-Horn

RE: Fiscal Year 2019-20 Workers' Compensation Insurance Fraud Program Grant Award Amendment

Dear Kerri Williams-Horn:

I am pleased to inform you that the amended grant award for the Fiscal Year 2019-20 Workers' Compensation Insurance Fraud Program for El Dorado County is **\$411,261** which is an increase of **\$2,796** above the initial funding amount. This amended grant award is to be used specifically for the enhanced investigation and prosecution of workers' compensation insurance fraud.

**Enclosed are two original Grant Award Agreements for signature.** Please have the official designated in the Resolution from the Board of Supervisors sign and date both originals and return to the address below by **March 20, 2020**. Once the Agreements are fully executed, a signed Grant Award Agreement will be returned to you.

If the previously submitted Fiscal Year 2019-20 Resolution does not provide authority to accept amended funding, a new BOS Resolution is required. Sample Resolution wording can be provided upon request.

Return to: CDI Enforcement Branch Headquarters  
Local Assistance Unit Manager  
2400 Del Paso Road, Suite 250  
Sacramento, CA 95834

Sincerely,

*Jan Perschler*

Janis Perschler  
Manager, Local Assistance Unit

Enclosures

cc: Michael McCoy, Deputy District Attorney

INSURANCE COMMISSIONER  
OF THE STATE OF CALIFORNIA

**GRANT AWARD AGREEMENT**  
of Additional Funds for Fiscal Year 2019-20  
Workers' Compensation Insurance Fraud Program


The Insurance Commissioner of the State of California hereby makes an amendment to the 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 and 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, and Request-for-Application (RFA).

**Duration of Amended Grant:** The grant award is for the program period **July 1, 2019** through **June 30, 2020**.

**Purpose of Amended 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 enhanced investigation and prosecution of workers' compensation insurance fraud cases.

**Amount of Amended Grant:** The grant award agreed to herein is in the amount of **\$411,261** which is an increase of **\$2,796** above the initial funding amount. 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 Section 62.6 of the Labor Code. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code Section 13000 et seq. The grant award shall be distributed pursuant to Section 1872.83 of the Insurance Code and the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

<p>Official Authorized to Sign for Applicant/Grant Recipient</p> <p style="text-align: center;"></p> <hr/> <p>Name: Vern R. Pierson Title: District Attorney</p> <p>Address: 778 Pacific Street Placerville, CA 95667</p> <p>Date: <u>2/25/2020</u></p>	<p><b>RICARDO LARA</b> Insurance Commissioner</p> <hr/> <p>Name: <b>George Mueller</b> Title: Deputy Commissioner</p> <p>Date: _____</p>
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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

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Official Authorized to Sign for Applicant/Grant Recipient 	<b>RICARDO LARA</b> Insurance Commissioner
Name: Vern R. Pierson Title: District Attorney	Name: <b>George Mueller</b> Title: Deputy Commissioner
Address: 778 Pacific Street Placerville, CA 95667	
Date: <u>2/25/2020</u>	Date: _____

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

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Crista Hill, Budget Officer, CDI

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Date