

GOVERNOR'S OFFICE OF EMERGENCY SERVICES LAW ENFORCEMENT AND VICTIM SERVICES DIVISION



3650 SCHRIEVER AVENUE MATHER, CALIFORNIA 95655 (916) 324-3217 FAX: (916) 324-8554

Application Cover Sheet

RFA PROCESS

ELDER ABUSE ADVOCACY & OUTREACH PROGRAM

DELIVER TO VICTIM WITNESS SECTION

Submitted by:

EL DORADO COUNTY VICTIM WITNESS PROGRAM

550 MAIN STREET, SUITE H

PLACERVILLE, CA 95667

(530) 621-6414

PART IV EA RFA-FY 2007/2008

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		11	77

Award #

GOVERNOR'S OFFICE OF EMERGENCY SERVICES LAW ENFORCEMENT AND VICTIM SERVICES DIVISION

GRANT AWARD FACE SHEET (OES A301)

The Governor's Office of Emergency S	Services, hereafter designated OES,	hereby makes a grant award of funds	to the following:
--------------------------------------	-------------------------------------	-------------------------------------	-------------------

Grant Recipient: COUNTY OF EL DORADO
 hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: DISTRICT ATTORNEY'S OFFICE

3. Project Title: Elder Abuse Advocacy & Outreach Program 4. Grant Period: 10/1/2007 to 9/3/2008

*Select the fund source(s) from the lists below and or type the appropriate acronym in box 8 or 9 and enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s) and enter total in Block 10G.

Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5. Fund Source		\$90,000.			\$22,500.		
6. Fund Source							THE STATE OF
7. Fund Source		- 43					
8.							
9.							
10. TOTALS		\$90,000.			\$22,500.		10G Grand Total: \$112,500

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the Recipient Handbook, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient:	Federal Employer ID Number:	46000511
Name: Vern R. Pierson	Title: District Attorney	
Payment Mailing Address: 515 Main Street	City: Placerville	Zip: 95667
Telephone: (530)621-6472 FAX: (530)621-1280 (area code)	Email:vern.pierson@edcg	gov.us
Signature	Date: 7/14/0-)
[FOR OES US	E ONLY]	
I hereby certify upon my own personal knowledge that budgeted funds are available.	ilable for the period and purposes of this expe	nditure stated above
OES Fiscal Officer Date	OES Director (or designee)	Date

PROJECT CONTACT INFORMATION

Applicant	County of El Dorado	Grant N		FOR OES	USE ONLY]
section doe	me, title, address, telephone number, and s not apply to your project, enter "N/A. o required for package delivery and si	" NOTE: If you	use a PO Box a	ntacts na	med below.
. The Project	et Director for the project:				
Na	me: Vern R. Pierson	Address:	515 Main Street		
A	Title: District Attorney	City:	Placerville	Zip:	95667
Telephor	e #:(530) 621-6472 (Area Code)	Fax #:	(530) 621-1280 (Area code)		
E-Mail Add	ress: vern.pierson@edcgov.us				
. The Finan	cial Officer for the project:				
Na	me: John Mitchell	Address:	515 Main Street		
	itle: Financial Officer		Placerville	Zip:	95667
Telephor	e #: (530) 621-6421		(530) 621-1280		
A CONTRACTOR	(Area Code)	- NE	(Area code)		
E-Mail Add	ress: jmitchell@co.el-dorado.ca.us				
. The perso	n having routine programmatic respons	sibility for the pr	roject:		
Na	me: Susan Meyer	Address:	550 Main Street,	Suite H	
V 261. 1	itle: Program Coordinator	City:	Placerville	Zip:	95667
Telephor	e #:(530) 621-6414 (Area Code)	Fax #:	(530) 295-2602 (Area code)		
E-Mail Add	ress: smeyer@co.el-dorado.ca.us				
. The perso	n having routine fiscal responsibility fo	r the project:			
Na	me: John Mitchell	Address:	515 Main Streer		
	itle: Financial Officer	City:	Placerville	Zip:	95667
Telephor	e #:(530) 621-6421 (Area Code)	Fax #:	(530) 621-1280 (Area code)		
E-Mail Add	ress: jmitchell@co.el-dorado.ca.us				
	tive Director of a nonprofit organization dent of schools) of the implementing ager		cutive Officer (e	.g., chief	of police,
Na	me: Vern R. Pierson	Address:	515 Main Street		
	itle: District Attorney	City:	Placerville	Zip:	95667
Telephor		Fax #:	(530) 621-6472		
E Mail Add	(Area Code)		(Area code)		
	ress: vern.pierson@edcgov.us				Albara Maria
	of the governing body of the implement ementing agency)	ing agency: (Pro	ovide contact info	rmation o	other than the
Na	me: Helen Baumann	Address:	330 Fair Lane		
	itle: Chair	City:	Placerville	Zip:	95667
Telephor	e #: (530) 621-5390	Fax #:	(530) 622-3645		
	(Area Code) ress: bostwo@co.el-dorado.ca.us		(Area code)		

CERTIFICATION OF ASSURANCE OF COMPLIANCE

(official authoriz	hereby certify that		
RECIPIENT:	County of E	El Dorado	
IMPLEMENTING	AGENCY:	District Attorney's Office	
PROJECT TITLE	E: Elder	Abuse Advocacy & Outreach Program	
		e Grant Recipient Handbook and adhering to all of teral) as directed by OES including, but not limited to	

I. Equal Employment Opportunity – (2006 Recipient Handbook Section 2151)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.

Please provide the following information:

Equal Emp	loyment Opportunity Officer: Vern R. Pierson
Title:	District Attorney
Address:	515 Main Street, Placerville, CA 95667
Phone:	(530) 621-6472
Email:	vern.pierson@edcgov.us

II. Drug-Free Workplace Act of 1990 – (2006 Recipient Handbook, Section 2152)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

III. California Environmental Quality Act (CEQA) - (2006 Recipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (Public Resources Code, Section 21000 et seq.) requires all OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEAQ requirements.

IV. Lobbying – (2006 Recipient Handbook Section 2154)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (2006 Recipient Handbook Section 2155) (This applies to federally funded grants only.)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION				
I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California. Authorized Official's Signature: Vern R. Pierson Authorized Official's Title: District Attorney Date Executed: Pederal Employer ID Number: El Dorado El Dorado				
AUTHORIZED BY: (not applicable to State agencies) Governing Board Chair				
Signature: Typed Name: Helen Baumann				
Title: Chair, Board of Supervisors				

PROJECT NARRATIVE

Problem Statement:

Program staff must continue to identify, educate, promote, and assist victims of crime within the elder population. The Elder Abuse Advocacy and Outreach Program has been very successful in reaching the various agencies, community organizations, and financial institutions in the area. The program has made every effort to place advocates into the main stream of the elder population in order to educate elders on the various types of abuse. In 2007, El Dorado County projects a population of 179,600, with more than 60,000 people of retirement age (50>), of which 38,480 people are over the age of 60. The population is spread out over 1,805 square miles, with 75% of the population residing in the rural parts of the county. This makes identifying and contacting the elder population difficult given the number of advocates in the program specifically dedicated to providing elder abuse advocacy. There is one full time advocate dedicated to just elder abuse cases, and two other advocates, who have a combined total of 24 hours dedicated to elder abuse.

Additionally, with the implementation of the Elder Protection Unit, a unit which has a dedicated attorney, and two investigators, who investigate, prosecute or arrange civil compromise on all financial and physical abuse cases, the advocates are anticipating an increase in referrals.

Plan and Implementation:

The program has been successful in meeting with the various organizations in the area. The advocates have spent the past eight years educating the elder population on the various types of abuse, assisting victims' of elder abuse, and speaking with family members of elders on identifying abuse. Through networking, and meetings our program hopes to increase the number of elder contacts. The three advocates assigned to the elder abuse grant, will participate in local meetings, present to senior organizations, conduct field visits, advocate in

criminal cases, provide all mandatory services, and make appropriate referrals to outside agencies. An operational agreement is in place with the various agencies that provide services or have contact with the elder population and/or the criminal justice system.

The goals for this fiscal year will be (100) new victims of elder abuse with the required services; identify at least (20) new elder abuse cases; conduct (20) awareness presentations to direct service providers; conduct (25) presentations to elders; provide (100) referrals to agencies serving elder victims; and conduct (12) local meetings with agencies listed in the operational agreement. The main goal of the advocates is to reduce the trauma of elder abuse victims, minimize their feeling of isolation, assure them that help is available, connect them with the appropriate resources, and to encourage the reporting of elder abuse cases. The advocates will meet with local law enforcement in order to educate officers in their treatment of elder cases, and ensuring that the appropriate investigation occurs. The Elder Protection Unit will further enhance the investigative role of elder abuse cases, and possible move the cases in the appropriate direction.

The project staff is required to maintain documentation in the form of utilizing the office's computerized case management system for both statistical purposes and client management. This system allows the advocate to keep notes, log services, and cross reference with the offender.

The program coordinator will be responsible for all reports required by the grant. Our fiscal officer will monitor all financial aspects of the program. Project staff will meet on a regular basis in order to ensure that the program is meeting the grant objectives. Program staff will meet with the various agencies listed in the operational agreement either individually, or in a group setting to discuss specific cases, network, and ensure a consistent delivery of services to

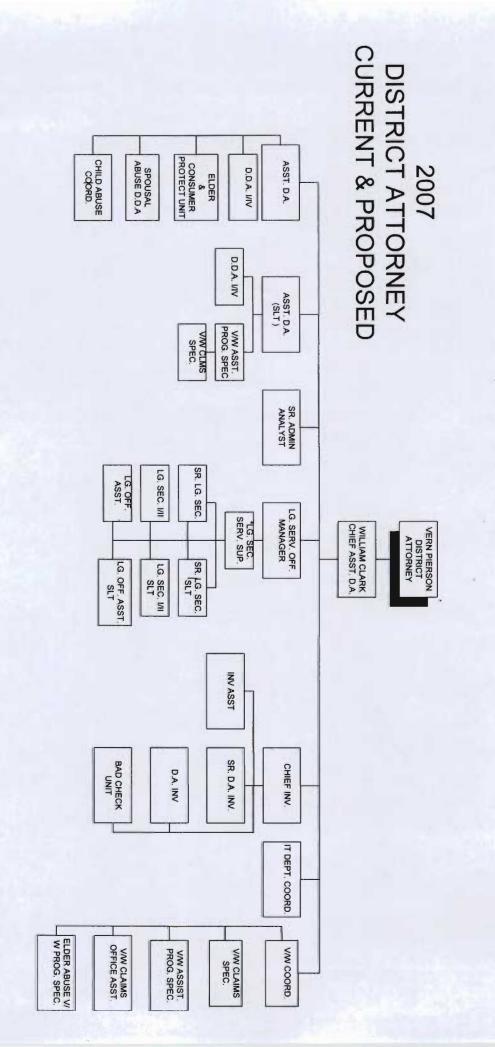
elders.

The prosecution of elder abuse cases has been assigned to a specific Deputy District

Attorney. The advocates will meet with the assigned Deputy District Attorney regularly as the
cases proceed through the Court process. The advocate's role will be to provide support and
orientation to the victims. Brochures are placed at various community centers, and
organizations to help promote the program and provide continued public awareness.

The program is looking at various ways to utilize volunteers. It is anticipated that volunteers will be used to assist with community events. Although we are looking into an after hours volunteer program, to date, we have had difficulty in the recruitment of people interested in being on call. Additionally, due to limited office space, staff time to train and supervise, lengthy background checks, the use of volunteers has been difficult. When volunteers are used, the coordinator provides training and supervision. The budget does not allow for the program to send volunteers to the 40 hour entry level training, but they will have training from certified staff, using the 40 hour entry level curriculum. Time sheets are maintained on all staff and volunteers.

The special needs of elder abuse victims and dependent adults is constantly being evaluated. The full time elder abuse advocate is Spanish speaking, and provides outreach and education to the Hispanic population. A volunteer is currently working on a Spanish version of the Victim Witness brochure. During the next year, we hope to update our elder abuse brochure. As previously noted, advocates are prepared to conduct field visits to victims who may be confined to their homes, and to provide transportation services to Court or medical appointments for the physically abused. The office is equipped with a Dialogue TTY phone system for the hearing impaired.



BUDGET NARRATIVE

The budget for the 2007/2008 Elder Abuse Advocacy & Outreach Program (EAAOP) supports the program's objectives. Direct services to elder abuse victims and dependent adults, is provided by the advocates funded by this grant. Additionally, the advocates will spend a proportionate amount of time in the field providing outreach, and educational services to community organizations, and potential elder abuse victims. Under Personal Services, the coordinator is budgeted at (.01 FTE), and is responsible for the supervision of the advocates, preparation of the annual grant, and required reports. There is one advocate in the Lake Tahoe office funded at (.40 FTE) under the EAAOP grant, and (.60 FTE) under the Victim Witness Grant. The Placerville office has one full time advocate dedicated to the Elder Abuse Grant objectives. This advocate is funded at (.70 FTE) under the EAAOP grant, with the District Attorney's Office compensating (.30 FTE) of the advocate's time through the criminal budget. This is part of our match requirement. The third advocate is located in the Placerville office and is budgeted at (.20 FTE) under the EAAOP grant and (.80 FTE) under the Victim Witness Grant. All split funded positions maintain functional time sheets or have completed a time study. All advocates meet the requirements set forth by our county's job specifications, and have received the 40 hour mandatory entry level training. Two of the advocates have completed the 40 hour advanced advocate training. Additionally, advocates attend conferences and other elder abuse trainings throughout the year, as time and money allows. At this time, we do not anticipate a mid-year salary adjustment. However, the Union is currently in negotiations with the County. The total Personal Expense is \$97,570., including a match of \$14,388.

There are minimal operating expenses in this budget. Phones are budgeted at \$3,120., office supplies, \$500., Employee mileage for field visits, conferences, traveling between

Placerville and Tahoe, \$390., conference expense for coordinator, \$300., conference expenses for advocates, \$240. for meals and lodging, and \$300. for airfare. Under rental equipment, the office leases a copier for \$591. and parking spaces for employees under this grant at \$420. As the office is located in privately leased building, janitorial services are necessary. The cost of the janitorial services is \$444. per year. PC/Network support is budgeted at \$573. The total Operating Expense is \$14,930., including a match of \$8,112.

The match requirement for this grant totals \$22,500. The In-Kind Match will be met partially by volunteers, and the District Attorney's contribution to one of the advocate's salary and benefits, and a percentage of the office rent. Additionally, advocates have been working with some of the local professionals in the area to donate their time in assisting the program with services, such as counseling, and accounting expenses for elder abuse victims who can not otherwise afford the services. We anticipate that part of the match will be met by the professional services.

El Dorado County Elder Abuse

BUDGET	CATEGORY AND LIN			VOCA		
Charles and the second	07/13/2007		07/08	MATCH		TOTAL
	- Salaries/Employee		VOCA	Cash In-	Kind	
Salaries (including Tal	hoe Differential, Bi-lingu	ual, Longevitiy, Def. comp	, overtime)			
Program Coordinato	r	0.01 FTE				
Salary	.01 of 49,412	494	494			494
Benefits						
b. Retirement / PERS	.204 of salary	101	101			101
c. Health Insurance	.01 of 15,163	152	152			152
d. Medicare	.015 of salary	7	7			7
e. Disability	.0036 of salary	2	2			2
f. SUI	.0075 of salary	4	4			4
	.oor o or odiary	<u>760</u>				
Program Specialist -	Placerville	0.7 FTE				
Salary	.80 of \$33,692	26,954	26,954			26,954
Benefits						
b. Retirement / PERS	.135 of salary	3,639	3,639			3,639
c. Health Insurance	. 100 or salary	11,335	11,335			11,335
d. Medicare	.015 of salary	404	404	(1)		404
			97			
e. Disability	.0036 of salary	97				97
f. SUI	.0075 of salary	<u>202</u> <u>42,631</u>	202			202
Program Specialist -	S. Lake Tahoe	0.4 FTE				
Salary	40 of \$43,422	17,369	17,369			17,369
Benefits						
b. Retirement / PERS	.204 of salary	3,483	3,483			3,483
c. Health Insurance	.40 of 15,163	6,065	6,065			6,065
d. Medicare	.015 of salary	261	261			261
e. Disability	.0036 of salary	63	63			63
f. SUI	.0075 of salary	130	130			130
	,	27,371				
Program Specialist -	Placerville	0.2 FTE				
Salary .	20 of \$38,160	7,632	7,632			7,632
Benefits						
b. Retirement / PERS	.204 of salary	1,557	1,557			1,557
c. Health Insurance	.20 of 15,163	3,033	3,033			3,033
d. Medicare	.015 of salary	114	114			114
e. Disability	.0036 of salary	27	27			27
f. SUI	.0075 of salary	57	57			57
The state of the s	.cc. o or oaidi y	12,420				01
Match: Volunteer hour	s based on advocate M	/IcGillivray				0
	our X 553.3846 hours				14,388	14,388
TOTAL		83,182	*** 83,182	0	14,388	97,570

	BUDGET CATEGORY AND LINE-ITEM DETAIL			VO MAT	The second secon	TOTAL
B. Operat	ing Expenses		VOCA		In-Kind	
Communic	ations Phone equipt: \$33 x 12 = \$396 Local \$20 x 12 = \$240 Long Distance \$16 x 12 = \$192 times 3 employees		3,120			3,120
Supplies -	Office expense \$41.66 x 12 =		500			500
Employee	mileage 876 miles x .445		390			390
Project Ma	nager's Meeting Session (Registration) Meals, lodging, 2 days @ \$120 Airfare \$300		240			240
Project Adv	vocates Meeting Session (Registration) Meals, lodging, 2 days @ \$120		240			240
	Airfare \$300		300			300
Rent/Lease	e equipment: copier \$49.24 x 12 mo. = \$591 parking space \$35 x 12 mo. = \$420		1,011			1,011
	ofessional Services Donated to Victim nt paid by county for office space \$476 / month x 12 mo. =				2,400 5,712	2,400 5,712
Janitorial S	services \$37 per month x 12 months		444			444
PC/Networ	k support		573			573
[] [x]	The applicant will use state travel policy. The applicant will use a travel policy other than the state's. The applicant will use the written policy of El Dorado County which is more/less restrictive than the state's. (circle one)					
TOTAL		\$0	\$6,818	\$0	\$8,112	\$14,930

BUDGET CATEGORY AND LINE-ITEM DETAIL		VO	CH	TOTAL	
C. Equipment	VOCA	Cash	In-Kind		
				0	
				0	
				0	
				0	
				0	
				0	
				H	
				0.5	
CATEGORY TOTAL	0			0	
PROJECT TOTAL				\$90,000	
FUND DISTRIBUTION	FEDERAL	CASH	IN-KIND		
		MATCH	MATCH		
1. AMOUNT OF FUNDS	\$90,000		\$22,500	\$112,500	
2. PERCENTAGE OF FUNDS	80.00%		20.00%		

	PROOF
g51	90,000
h51	
i51	22,500

APPLICATION APPENDIX

- OPERATIONAL AGREEMENT SUMMARY FORM
- PROJECT SUMMARY FORM
- SIGNATURE AUTHORIZATION
- PROJECT SERVICE AREA INFORMATION
- OTHER FUNDING SOURCES
- PRIOR, CURRENT, AND PROPOSED OES FUNDING
- MULTIPLE FIELD OFFICES LISTING & AFTER HOURS EA PHONE NUMBER
- COMPUTERS & AUTOMATED SYSTEMS PURCHASE JUSTIFICATION GUIDELINES – NOT APPLICABLE
- EMERGENCY FUND PROCEDURES NOT APPLICABLE
- NONCOMPETITIVE BID REQUEST CONTRACTS FOR SERVICES CHECKLIST – NOT APPLICABLE
- NONCOMPETITIVE BID REQUEST CONTRACTS FOR GOODS CHECKLIST- NOT APPLICABLE

Operational Agreements (OA) Summary Form

	List of Agencies/Organizations/Individuals	Date OA Signed			
		(xx/xx/xxxx)	From:	-	To:
1.	EDC District Attorney- New DA	7/9/2007	10/1/2006	to	9/30/2008
2.	EDC Sheriff	9/27/2006	10/1/2006	to	9/30/2008
3.	SLT Police Dept.	9/25/2006	10/1/2006	to	9/30/2008
4.	Placerville Police Dept.	9/27/2006	10/1/2006	to	9/30/2008
5.	EDC Public Health	9/27/2006	10/1/2006	to	9/30/2008
6.	EDC Long Term Care	9/27/2006	10/1/2006	to	9/30/2008
7.	EDC Human Services	9/27/2006	10/1/2006	to	9/30/2008
8.	EDC Public Guardian	10/4/2006	10/1/2006	to	9/30/2008
9.	EDC Mental Health	10/3/2006	10/1/2006	to	9/30/2008
10.	El Dorado Women's Center	6/27/2006	10/1/2006	to	9/30/2008
11.	SLT Women's Center - New Director	7/12/2007	10/1/2006	to	9/30/2008
12				to	
13.				to	
14.				to	
15.				to	
16.				to	
17.				to	
18.				to	
19.				to	
20.				to	

P	ROJECT	SUMN	IARY							
1. GRANT AWARD NO.					11031021	3. GRANT PERIOD				
2.	PROJECT	TITLE	Elder Ab Program	use Advoc	cacy & Ou	ıtreach	1	0/1/2007	to	9/30/2008
4.	4. APPLICANT Name: County of El Dorad Address: 330 Fair Lane City: Placerville		ane	Phone: Fax #: Zip:	Fax #: (530) 622-3645		5. GRANT AMOUNT (this is the same amount as 10G of the Grant Award Face Sheet) \$ 112,500.			
6.	IMPLEMEN	ITING AGE	NCY							
	Name:	District Att	orney's Office	9	_ Phone:	(530) 621-	6472	Fax #:	(530)	621-1280
	Address:	515 Main 9	Street		_ City:	Placerville		_ Zip:	9566	7

7. PROGRAM DESCRIPTION

The Elder Abuse Advocacy & Outreach Program will be operated from the El Dorado County Victim Witness Program, located at 550 Main Street, Suite H, Placerville, CA 95667, (530) 621-6414. There is a field office located at 1360 Johnson Blvd. Suite 105, South Lake Tahoe, CA 96150, (530) 573-3100. The Tahoe office is necessary due to the inclement weather and the distance between Placerville and Lake Tahoe. El Dorado County estimates the population at 179,600, with approximately 60,000 people of retirement age (50>), and of which 38,480 are over the age of 60.

8. PROBLEM STATEMENT

The population in El Dorado County continues to grow every year (2.3% annually), and more people are retiring in this area. With the development of the Elder Protection Unit, the number of reported elder abuse cases, or suspected elder abuses has risen. The Elder Abuse Advocacy & Outreach Program Is the only program that assists victims of elder abuse through the criminal justice system, and provides the required services necessary for trauma reduction. This has put a demand on our 1.5 advocates currently funded by this grant. The attention required by abused elders is time consuming, but necessary. Given that 75% of the population lives in rural areas of the county, the advocates spend a great deal of time out of the office. Volunteers have been difficult to recruit due to lengthy background checks, limited office space, and previous experience and training required by OES.

9. OBJECTIVES

During 2007/2008 FY, program staff will provide the required direct services to victims of elder & dependent abuse. Staff will continue to provide community outreach and education to the general public, service providers, and community organizations. Objective # 1: (100) Elder victims & Families. Objective # 2: (20) Elder abuse cases identified, and (4) Dependent Adults. Objective # 3: (20) Awareness trainings. Objective # 4: (25) presentations to elders. Objective # 5: (100) referrals to agencies serving elders. Objective # 6: (12) local meetings with agencies listed in the Operational Agreement.

10. ACTIVITIES

The advocates will provide all of the required services to victims of elder abuse. This will include field visits, assessing special needs of victims, and providing transportation for abused elders unable to drive. The advocates will assist the victims with the criminal justice system, including court support. The advocates will maintain a good relationship with outside agencies by meeting with the agencies on a regular basis and will provide education/prevention to elders at meetings, retirement homes, and other community gatherings. Staff will initiate monthly meetings with members of the Operational Agreement. Brochures will be updated and provided to the community. Given the requirements for using volunteers by both OES and the District Attorney's Office, the lack of office space, and supervision time, the coordinator will need to look at alternative uses for volunteers.

11. EVALUATION (if applicable)

12. NUMBER OF CLIENTS

(if applicable)

The program coordinator supervises and evaluates all employees in the Victim Witness Program. The coordinator evaluates all program activities, and insures that all activities are in compliance with the grant regulations.

100

13. PROJECT BUDGET					
(these are the same amounts as on Budget Pages)	Personal Services	Operating Expenses	Equipment	TOTAL	
Included in the budget	\$97,570.	\$14,930	0	\$112,500.	
figures is \$14,388. In Kind match under Personal Exp. and \$8,112. In Kind Match under operating expense.					
ander operating expense.					
Totals:	\$97,570.	\$14,930.	0	\$112,500.	

SIGNATURE AUTHORIZATION

	Grant A	Award #:			
Grant Recipient:	County of El Dorado				
Implementing Agency:	District Attorney's Office				
*The Pro j	ject Director and Financial C	Officer are REQUIRED to sign this form.			
Project Director:	R. Pierson	*Financial Officer: John Mitchell			
gnature:	72	Signature: Des Mulcheel			
ate: 7/16	/61	Date: 7/16/07			
The following persons are	e authorized to sign for the	The following persons are authorized to sign for the			
Project Director	A 1	Financial Officer			
allem	(leib_	Chrosa Clarica			
Signature		Signature			
William Clark		Terese Clusiau			
Name		Name			
Signature		Signature			
Name		Name			
Signature		Signature			
Name		Name			
Signature		Signature			
Name		Name			
Signature		Signature			
Name		Name			

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

4 Lines Max

* EL DORADO COUNTY

U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional
 District(s) which the project serves. Put an asterisk for the district where the project's principal
 office is located.

4TH CONGRESSIONAL DISTRICT

3. <u>STATE ASSEMBLY DISTRICT(S)</u>: Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

4 Lines Max

4TH STATE ASSEMBLY DISTRICT

 STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

4 Lines Max

1ST STATE SENATE DISTRICT

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

4 Lines Max

ESTIMATED AT 179,600

OTHER FUNDING SOURCES

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the "Grant Funds" column, report the OES funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category and then calculate the totals by category in the "Program Total" column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES						
BUDGET CATEGORY	GRANT FUNDS (Use only the grant funds identified in the preceding budget pages.) OTHER FUND		PROGRAM TOTAL			
Personal Services	\$97,570.		\$97,570.			
Operating Expenses	\$14,930.		\$14,930.			
Equipment	0		0			
TOTAL	\$112,500.		\$112,500.			

OES 653

This form does not become part of the grant award.

PRIOR, CURRENT AND PROPOSED OES FUNDING

List all currently funded OES projects and all OES grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of OES funding. For current and proposed grants that include positions funded by more than one OES grant, list these positions by title and the percentage of the position funded by OES. The percentage of funding must not exceed 100 percent for any one individual.

FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OES
2003/2004	DC033Q0090	212,667		
2003/2004	VW033Q0090	132,493	Advocate, SLT	60.00%
2003/2004	VVV033Q0030	102,490	Cooridinator, PVL	36.00%
			Coordinator, SLT	96.00%
			Advocate, PVL	80.00%
2003/2004	EA03060090	95,333	Advocate, SLT	40.00%
2000/2001	27.0000000	00,000	Coordinator	96.00%
			Advocate, PVL	80.00%
2004/2005	VB04020090	62,368	/tavocato, 1 v L	00.007
2004/2005	DC04150090	238,158		
2004/2005	VW04230090	172,086	Advocate, SLT	60.00%
200 112000	***************************************	112,000	Coordinator	95.00%
			Advocate, PVL	80.00%
			Advocato, 1 VE	00.007
2004/2005	EA04060090	107,407	Advocate, SLT	40.00%
2004/2000	L/10400000	107,407	Coordinator	1.00%
			Coordinator	1.00 /
2005/2006	VW0524090	172,086	Advocate, SLT	60.00%
2000/2000	7770027000	172,000	Coordinator	95.00%
			Advocate, PVL	60.00%
2005/2006	EA05080090	107,407	Advocate, SLT	40.00%
CAN FEE			Coordinator	1.00%
			Advocate, PVL	40.00%
2005/2006	VB05030090	62,368		
70 = 72				
2005/2006	DC05160090	211,194		
2006/2007	VW062540090	175,865	Advocate, SLT	60.00%
			Coordinator	95.00%
			Advocate, PVL	80.00%
0000/0007	E40000000	110 500	A 1 1- OLT	10.000
2006/2007	EA06090090	112,500	Advocate, SLT	40.00%
			Coordinator	1.00%
210			Advocate, PVL	100.00%
2007/2008	EA07010090	112 500	Advagate CLT	40.000
200772006	EA07010090	112,500	Advocate, SLT	40.00%
			Coordinator Advocate, PVL	
			Advocate, PVL	100.00%
2006/2007	VB06040090	146,981		H-1 (720) 2
2000/2007	V D00040030	140,301		
2007/2008	Victim Witness	172,086	Advocate, SLT	60.00%
2001/2000	VICTITI VVICTICOS	172,000	Coordinator	95.00%
			Advocate, PVL	80.00%

OFFICE OF EMERGENCY SERVICES

VICTIM WITNESS PROGRAM

MULTIPLE FIELD OFFICES

Field Office Address:

Number of Employees

Supervisor

550 Main Street # H Placerville, CA 95667 (530) 621-6414 *(1) Coordinator

Susan Meyer

(1) (.8 FTE) VW Advocate (.20 FTE) Elder Abuse Advocate

(1) Elder Abuse Advocate

E-Mail – smeyer@co.el-dorado.ca.us

(2) Claims Specialist

(1) Claims Support

Branch Office

1360 Johnson Blvd. # 105 South Lake Tahoe, CA 96150 (530) 573-3337 E-Mail – smeyer@co.el-dorado.ca.us (1) (.6 FTE) Advocate

Susan Meyer

(1) (.4 FTE) Elder Abuse Advocate

*After Hours Emergency Phone Number: Susan Meyer: (530) 416-1233

- The coordinator's time is split between both offices.
- The Tahoe advocate's time is split between Victim Witness and Elder Abuse
- The (.8) advocate in Placerville, also has (.20) in Elder Abuse