OTS-38 (Rev. 7/12)

**GRANT NUMBER** AL1321

1.	GRANT TITLE			
	Alcohol and Drug Impaired Vertical Prosecution Program			
2.	NAME OF APPLICANT AGENCY El Dorado County	4. GR	ANT PERIOD	
3.	AGENCY UNIT TO HANDLE GRANT El Dorado County District Attorney's Office	From: To:	10/01/12 09/30/13	
	Chart Decemption			

The County District Attorney's Office will assign a specialized team to prosecute alcohol and drug impaired driving cases. The DUI prosecution team will handle cases throughout each step of the criminal process. Prosecution team members will work with the Traffic Safety Resource Prosecutor Program, funded by OTS, to increase the capabilities of the team and the office by obtaining and delivering specialized training. Team members will share information with peers and law enforcement personnel throughout the county and across the state. The office will accomplish these objectives as a means to prevent impaired driving and reduce alcohol and drug-involved traffic fatalities and injuries.

## FEDERAL FUNDS ALLOCATED UNDER THIS AGREEMENT SHALL NOT EXCEED:

\$313,325.00

The parties agree to comply with the terms and conditions of the following which are by this reference made a part of the Agreement:

Page 2 (OTS-38a)

(Signature)

- Schedule A (OTS-38b) Problem Statement, Goals and Objectives and Method of Procedure
- Schedule B (OTS-38d) Detailed Budget Estimate and Sub-Budget Estimate (if applicable)
- Schedule B-1 (OTS-38f) Budget Narrative and Sub-Budget Narrative (if applicable)
- Schedule C (OTS-38g) Quarterly Evaluation Data Form (if applicable)
- Exhibit A Federal Certifications and Assurances
- Exhibit B\* OTS Grant Program Manual

\*Items shown with an asterisk (\*) are hereby incorporated by reference and made a part of this agreement as if attached hereto. These documents can be viewed at: www.ots.ca.gov/Grants//Grant\_Administration/Program\_Manual.asp.

We, the officials named below, hereby swear under penalty of perjury under the laws of the State of California that we are duly authorized to legally bind the Grant recipient to the above described Grant terms and conditions.

	TNESS WHEREOF, this Agree		as been executed by	y the parties	s hereto.			
7. APP	ROVAL SIGNATURES							
A. GRANT DIRECTOR				B. AUTHORIZING OFFICIAL OF APPLICANT AGENCY				
NAME:	VERN PIERSON	PHONI	E:530-621-6472	NAME:	JOHN KNIGHT	PHONE:	530-621-5390	
TITLE:	DISTRICT ATTORNEY	FAX:	530-621-1280	TITLE:	CHAIR, BOARD OF SUPERVISORS	/ FAX:	530-622-3645	
ADDRESS:	515 main street Placerville, ca 95667			ADDRESS:	330 FAIR LANE PLAGERVILLE, CA 9560	67		
E-Mail:	VERN.PHERSON GEDCGOV.	<u>US</u>	1/14/12	E-MAIL:	JOHN.KNIGHT@EDGGO	OV 118	1/13/12	
	(Signature)		(Date)		(Signature)		(Date)	
<b>C.</b>	FISCAL OR ACCOUNTING OFF	CIAL		D.	OFFICE AUTHORIZED TO	RECHIVEPAY	NETSVED	
NAME:	JODI ALBIN	PHONE	E:530-621-6421	NAME:	EL DORADO COUNTY I	DISTRICT ATTO	DRNEY	
TITLE:	FISCAL ADMINISTRATIVE MANAGER	FAX:	530-621-1280			NOV	<b>2 0</b> 2012	
ADDRESS:	515 MAIN STREET			ADDRESS:	515 MAIN STREET			
	PLACERVILLE, CA 95667				PLACERVILLE, CA 956	<b>OFFICE OF T</b>	TAFFIC SAFE	
E-MAIL:	JODI.ALBIN@EDCGOV.US				ATT	EST: James	S. Mithsin	
de	a du		11/16/12		Cle	rk of the Board	of Supervisors	

(Date)