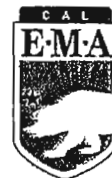




PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS DIVISION
CALIFORNIA EMERGENCY MANAGEMENT AGENCY

PUBLIC SAFETY BRANCH
3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
TELEPHONE: (916) 324-6724
FAX: (916) 324-9179



May 19, 2010

Shirley White
Alcohol and Drug Program Administrator
El Dorado County
929 Spring Street
Placerville, CA 95667

Dear Ms. White:

SUBJECT: NOTIFICATION OF APPLICATION APPROVAL
Offender Treatment Recovery Act Program (200902615)
Award #: ZO09 01 0090
Cal EMA ID#: 017-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$293,654, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

LEVS Grant Processing

Enclosure

c: Recipient's file

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (Cal EMA 2-101)

Handwritten initials

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

- 1. Grant Recipient: El Dorado County
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.
- 2. Implementing Agency: Department of Health Services
El Dorado County Health Services Department, Public Health Division, Alcohol & Drug Programs
- 3. Project Title: El Dorado County JAG - OTP Drug Court
- 4. Grant Period: 09/01/09 to 03/31/11
10/01/09

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. 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). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
09/10	5. JAGR		\$290,151				\$0	
Select	6. Select		293,654				\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$0	293,654 \$290,151	293,654 \$290,151	\$0	\$0	\$0	10. Grand Total: \$290,151 293,654

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 Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA 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.

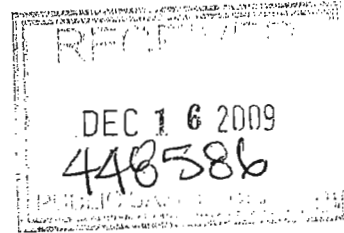
12. Official Authorized to Sign for Applicant/Grant Recipient: Neda West Federal Employer ID Number: 94-6000511
 Name: Neda West Title: Director of Health Services Department
 Payment Mailing Address: EDC Treasurer Office 360 Fair Lane City: Placerville Zip: 95667
 Telephone: (530) 621-6149 FAX: (530) 626-4713 Email: nwest@edcgov.us
 Signature: *Neda West* Date: 12-14-09

FOR CAL EMA USE ONLY

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

[Signature] 5/18/10 *[Signature]* 5/18/10
 CalEMA Fiscal Officer Date CalEMA Director (or designee) Date

Yr / Chapter: 2009-10 / 1 PCA No: 18459
 Item: 0690-102-0890 Fed Cat. #: 16.804
 Component: 40.30.560
 Program: Substance Abuse Offender Treatment
 Recovery Act Program
 Fund: Federal Trust
 Match Req.: N/A
 Project No.: 09JAGR Amount: \$ 293,654



PROJECT CONTACT INFORMATION

Applicant El Dorado County

Grant Number

2
~~20-09-01-0090~~

[FOR CalEMA USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. If a section does not apply to your project, enter "N/A." NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.

1. The **Project Director** for the project:

Name: Shirley White Address: 929 Spring Street
Title: Alcohol and Drug Program Administrator City: Placerville, CA Zip: 95667
Telephone #: (530) 621-6146 Fax #: (530) 295-2596
(Area Code) (Area code)
E-Mail Address: shirley.white@edcgov.us

2. The **Financial Officer** for the project:

Name: ~~Gretchen Bailey~~ Tara Filipich Address: 941 Spring Street, Suite 3
Title: Finance Division Manager City: Placerville, CA Zip: 95667
Telephone #: (530) 621-6174 Fax #: (530) 642-8159
(Area Code) (Area code)
E-Mail Address: ~~Gretchen.Bailey@edcgov.us~~ Tara.Filipich@edcgov.us

3. The **person** having **routine programmatic responsibility** for the project:

Name: Shirley White Address: 929 Spring Street
Title: Alcohol and Drug Programs Administrator City: Placerville, CA Zip: 95667
Telephone #: (530) 621-6146 Fax #: (530) 295-2596
(Area Code) (Area code)
E-Mail Address: shirley.white@edcgov.us

4. The **person** having **routine fiscal responsibility** for the project:

Name: Cherie Mellor Address: 941 Spring Street Suite 4
Title: Department Analyst City: Placerville, CA Zip: 95667
Telephone #: (530) 621-6152 Fax #: (530) 642-8159
(Area Code) (Area code)
E-Mail Address: Cherie.Mellor@edcgov.us

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: Neda West Address: 931 Spring Street
Title: Director, Health Services Department City: Placerville, CA Zip: 95667
Telephone #: (530) 621-6149 Fax #: (530) 626-4713
(Area Code) (Area code)
E-Mail Address: Neda.West@edcgov.us

6. The **Chair** of the **governing body** of the recipient: (Provide contact information other than that of the recipient)

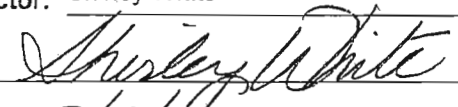
Name: Ron Briggs Address: 330 Fair Lane
Title: Chairperson, EDC Board of Supervisors City: Placerville, CA Zip: 95667
Telephone #: (530) 621-5390 Fax #: (530) 622-3645
(Area Code) (Area code)
E-Mail Address: bosfour@edcgov.us

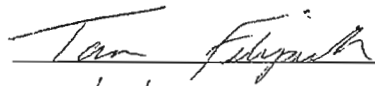
SIGNATURE AUTHORIZATION

Grant Award #: 2009010090

Grant Recipient: El Dorado County
Implementing Agency: ~~El Dorado County Health Services Department, Alcohol and Drug Programs~~ Department of Health Services


*The Project Director and Financial Officer are **REQUIRED** to sign this form.

*Project Director: Shirley White
Signature: 
Date: 3/8/10

*Financial Officer: Tara Filipich
Signature: 
Date: 2/9/10

The following persons are authorized to sign for the
Project Director


Signature
Sharon Elliott, Assistant Director of Public Health

Name

Signature
Neda West, Director of Health Services Department

Name

Signature

Name

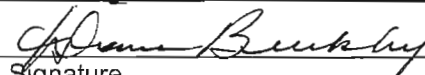
Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer


Signature
Diana Buckley, Chief Financial Officer

Name

Signature

Name

Signature

Name

Signature

Name
