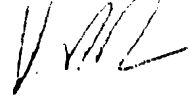


**EL DORADO COUNTY BOARD OF SUPERVISORS  
AGENDA ITEM TRANSMITTAL**

**Meeting of  
March 20, 2007**

**AGENDA TITLE:** FY 2007/2008 Elder Vertical Prosecution Grant

<b>DEPARTMENT:</b> District Attorney	<b>DEPT SIGNOFF:</b> 	<b>CAO USE ONLY:</b> C
<b>CONTACT:</b> John Mitchell		<i>Kelley Webb 3/5/07</i>
<b>DATE:</b> 2/23/2006 <b>PHONE:</b> 6421		

**DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:**

1. Approve the attached resolution for the above captioned grant program that authorizes the district attorney to execute the agreement with the State of California Office of Emergency Services, or any extension thereto.
2. Authorize the chairwoman to execute the Certification required by the office of emergency services.

**CAO RECOMMENDATIONS:** *Recommend approval. Laura S. Goo 3/5/07*

Financial impact? ( ) Yes (X) No      Funding Source: ( ) Gen Fund (X) Other

**BUDGET SUMMARY:**

Total Est. Cost	\$146,981.00
<b>Funding</b>	
Budgeted	\$146,981.00
New Funding	\$0.00
Savings*	
Other	\$0.00
Total Funding	\$146,981.00
<b>Change in Net County Cost</b>	\$0.00

Other: *Cult DES*

**CAO Office Use Only:**

- 4/5's Vote Required      ( ) Yes (X) No
- Change in Policy      ( ) Yes (X) No
- New Personnel      ( ) Yes (X) No

**CONCURRENCES:**

- Risk Management *yes - NA*
- County Counsel *yes*
- Other

\*Explain

**BOARD ACTIONS:**

**Vote:** Unanimous \_\_\_\_\_ Or \_\_\_\_\_  
**Ayes:** \_\_\_\_\_  
**Noes:** \_\_\_\_\_  
**Abstentions:** \_\_\_\_\_  
**Absent:** \_\_\_\_\_

**I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors**

**Date:** \_\_\_\_\_

**Attest: Cindy Keck, Board of Supervisors Clerk**

**By:** \_\_\_\_\_

PLEASE call FOR PICKUP BY  
THURS. MARCH 1

Contract #: \_\_\_\_\_

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: A.A.  
Dept. Contact: John MITCHELL  
Phone #: 647-1  
Department Head  
Signature: [Signature]

**CONTRACTOR:**

Name: OFFICE OF EMERG. SERV.  
Address: STATE OF GA  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Compliance with Human Resources requirements? Yes: \_\_\_ No: \_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL: (Must approve all contracts and MOU's)**

Approved:  Disapproved:  Date: 2-26-07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNTY MAIL  
LEONARD COUNTY COUNSEL  
FEB 23 11:14:10

ASSIGNMENT

DATE	ATTORNEY	DEPT INDEX NO	BY
<u>02/26/2007</u>	<u>[Signature]</u>	<u>20200000</u>	<u>[Signature]</u>

**RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

N/A

**OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): \_\_\_\_\_**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_



OFFICE OF THE  
**DISTRICT ATTORNEY**  
EL DORADO COUNTY, CALIFORNIA

**GARY L. LACY, DISTRICT ATTORNEY**

February 23, 2007

**PAUL S. SUTHERLAND**  
Assistant District Attorney  
Placerville

**HANS M. UTHE**  
Assistant District Attorney  
South Lake Tahoe

Board of Supervisors  
330 Fair Lane  
Placerville, CA 95667

Subject: **FY 07/08 Elder Vertical Prosecution Grant**

Dear Board Members:

**Recommendation:**

1. Approve the attached resolution for the above captioned grant program that authorizes the district attorney to execute the agreement with the State of California Office of Emergency Services, or any extension thereto, and.
2. Authorize the chairwoman to execute the Certification required by the office of emergency services.

**Reason for Recommendation:**

This grant revenue supplements funding for the Elder Protection Unit, approved by the board on March 14, 2006.

**Fiscal Impact:**

There is no change in budgeted net county cost.

The revenue budget of \$146,981 is the same as in the current fiscal year 2006/07.

Sincerely,

Vern Pierson  
District Attorney

**Please Reply To:**

■ 515 Main Street  
Placerville, CA 95667  
(530) 621-6472  
Fax (530) 621-1280

□ 1360 Johnson Blvd., Ste. 105  
South Lake Tahoe, CA 96151  
(530) 573-3100  
Fax (530) 544-6413

WEB SITE:  
[www.co.el-dorado.ca.us/eldoda](http://www.co.el-dorado.ca.us/eldoda)



**RESOLUTION NO.**

**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

*WHEREAS the El Dorado County Board of Supervisors desires to undertake a certain program designated Vertical Prosecution Block Program to be funded from funds made available through the State of California Office of Emergency Services (hereafter referred to as OES),*

*NOW, THEREFORE, BE IT RESOLVED that the District Attorney of the El Dorado County District Attorney's Office is authorized, on its behalf to submit the attached proposal to OES and is authorized to sign and approve on behalf of the board of supervisors the Grant Award Agreement including any extensions or amendments thereof which would be prompted by changes in funding from the State of California and would not increase net county costs.*

*IT IS AGREED that any liability arising out of the performance of the 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 for any such liability.*

*BE IT FURTHER RESOLVED that the grant funds received hereunder shall not be used to supplant expenditures controlled by this body.*

**PASSED AND ADOPTED** by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by the following vote of said Board:

**Attest:**  
Cindy Keck  
Clerk of the Board of Supervisors

**Ayes:**  
**Noes:**  
**Absent:**

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Chairman, Board of Supervisors

**I CERTIFY THAT:**  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

**DATE:** \_\_\_\_\_

**Attest:** CINDY KECK, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_