

**California Emergency Management Agency**

GRANT AWARD NO. \_\_\_\_\_

**GRANT AWARD AMENDMENT**

AMENDMENT NO. 1

THIS AMENDMENT, made and entered into on May 18, 2010 by and between the  
 (Date)  
**California Emergency Management Agency**, hereafter designated Cal EMA, and the following Administrative Agency  
County of El Dorado Health Services Department  hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

Grant Award Agreement # Z0-09-01-0090 between the parties hereto is hereby amended to:

To change the end date of the grant award agreement from March 31, 2011 to September 30, 2011.

09 JAGR fund source is being requested for this extension.

All other provisions of this agreement shall remain as previously agreed upon.

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

CALIFORNIA EMERGENCY MANAGEMENT AGENCY <i>(for Cal EMA use only)</i>				RECIPIENT		
BY (AUTHORIZED SIGNATURE)				RECIPIENT		
				County of El Dorado		
PRINTED NAME OF PERSON SIGNING				BY (AUTHORIZED SIGNATURE)		DATE
Peggy Okabayashi				<i>Neda West</i>		1-30-11
TITLE				PRINTED NAME AND TITLE OF PERSON SIGNING		
Assistant Secretary				Neda West, Director, Health Services Department		
DATE				ADDRESS		
				931 Spring Street, Placerville CA 95667		
AMOUNT ENCUMBERED BY THIS DOCUMENT		PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE		
\$						
PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD	MATCH	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
\$						
TOTAL AMOUNT ENCUMBERED TO DATE		PCA NUMBER		PROJECT NUMBER		
\$						
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.					FEDERAL CATEGORY NUMBER	
SIGNATURE OF Cal EMA FISCAL OFFICER				DATE		

**SIGNATURE AUTHORIZATION**

Grant Award #: Z009010090

Grant Recipient: El Dorado County

Implementing Agency: El Dorado County Department of Health Services

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

**\*Project Director:** Shirley White

Signature: *Shirley White*

Date: 1-26-11

**\*Financial Officer:** Lori Walker

Signature: *Lori Walker*

Date: 1/26/11

The following persons are authorized to sign for the  
**Project Director**

*Sharon Elliott*  
Signature

Sharon Elliott, Assistant Director of Public Health

Name

*Neda West*  
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**

*Russell Fackell*  
Signature

Russell Fackell, Internal Auditor, CAO Office

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

## **SIGNATURE AUTHORIZATION INSTRUCTIONS**

The Project Director and Financial Officer are **REQUIRED** to sign this form and submit it with the Grant Award Forms package. The Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **The Project Director and/or Financial Officer authorize the person(s) identified on the form to sign on their behalf on all subgrant-related matters.**

# Cal EMA Grant Award Modification

MAIL TO: California Emergency Management Agency  
3650 Schriever Ave.  
Mather, CA 95655

Check correct branch:  
Drug Enforcement      V. Justice & Childrens  
• Crime & Gangs      DV, SA, & VW

1. Award # z0-09-01-0090  
2. Modification #: 1

- (Indicate branch on envelope)
3. Recipient/Implementing Agency El Dorado County / Department of Health Services
4. Project Title: El Dorado County JAG-OTP Drug Court
5. Contact Person: Shirley White, Project Director Phone: (530) 621-6146 Ex:      Fax: (530) 295-2596  
Email Address: Shirley.White@edcgov.us
6. Grant Period: 10/01/2009 to 03/31/2011
7. Payment Mailing Address: EDC Treasurers Office 360 FAIR LANE, PLACERVILLE, CA 95667  Check here if new.

## 8. Revision to Budget

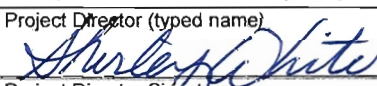
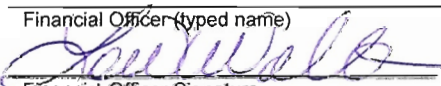
Grant Yr	Current Allocation (CA) Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
Yr	JAGR	\$74,125	\$204,529	\$15,000	\$293,654				\$0	\$293,654
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change (PC)</b> [add (+) or subtract (-) from budgeted amount]										
Yr	JAGR		\$15,000	(\$15,000)	\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation (RA)</b>										
Yr	JAGR	\$74,125	\$219,529	\$0	\$293,654	\$0	\$0	\$0	\$0	\$293,654
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Check when completed

9. Justification for Modification: (If necessary, continue the justification on page 3.)

To change the end date of the grant award agreement from March 31, 2011 to September 30, 2011. Extend the 09 JAGR fund source.

10. Local Approvals

Shirley White, Alcohol & Drug Program Manager	Lori Walker, Administrative Services Officer
Project Director (typed name)	Financial Officer (typed name)
	
Project Director Signature	Financial Officer Signature
Date: <u>1-26-11</u>	Date: <u>1/26/11</u>

**Cal EMA USE ONLY**

Cal EMA Approval Signatures

Program Specialist	Date:	Section Chief	Date:
Grants Processing	Date:		

# Cal EMA GRANT AWARD MODIFICATION

## Cal EMA 2-223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds\*
- Reporting Project Income
- Change in Program Objectives
- Agency Name Change\*
- Grant Extensions\*
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address

\* requires submission of a Grant Award Amendment form

**1. GRANT AWARD NUMBER**

Enter the Grant Award number as it appears at the top of the approved "Grant Award Face Sheet."

**2. MODIFICATION NUMBER:**

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

**3. RECIPIENT/IMPLEMENTING AGENCY:**

Enter the grant recipient and implementing agency names as they appear on lines 1 & 2 of the approved "Grant Award Face Sheet".

**4. PROJECT TITLE:**

Enter the project title as it appears on the approved "Grant Award Face Sheet".

**5. CONTACT PERSON:**

Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.

**6. GRANT PERIOD**

Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.

**7. ADDRESS:**

Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.

**8. REVISION TO BUDGET:**

If this modification affects the budget, select the grant year and program acronym from the drop down lists under Current Allocation (if unsure what the acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any. Enter the proposed amounts (remember to use a (-) if you are subtracting). The revised allocation amounts will appear in the Revised Allocation (RA). When you have completed your revision check the "check when completed" box. If you need to make changes to the budget, uncheck the box, enter your changes then re-check the box.

**9. JUSTIFICATION FOR MODIFICATION:**

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.

**10. LOCAL APPROVAL NAME AND SIGNATURES:**

Please type the names of and provide original signatures for the Project Director and the Financial Officer as shown on the Signature Authorization Form (Cal EMA 2-223). This is a requirement for all modification requests.

FEDERAL PROJECT ACRONYMS							
<b>AGIC</b>	Anti-Gang Initiative - Central	<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>JAGX</b>	Justice Assistance Grant	<b>RSAT</b>	Residential Substance Abuse Treatment
<b>AGIE</b>	Anti-Gang Initiative -Eastern	<b>CJA1</b>	Child Justice Act	<b>PSNC</b>	Project Safe Neighborhood (Central)	<b>VAWA</b>	Violence Against Women Act
<b>AGIN</b>	Anti-Gang Initiative -Northern	<b>FSIA</b>	Forensic Sciences Improvement	<b>PSNE</b>	Project Safe Neighborhood (Eastern)	<b>VAW2</b>	<input type="checkbox"/> Violence Against Women Act
<b>AGIS</b>	Anti-Gang Initiative -Southern	<b>FVPS</b>	Family Violence Preventive Services	<b>PSNN</b>	Project Safe Neighborhood (Northern)	<b>VOCA</b>	Victims of Crime Act
<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>JAG0</b>	Justice Assistance Grant	<b>RILP</b>	Regional Anti-Gang Intelligence Led Policing		
STATE PROJECT ACRONYMS							
<b>CGNG</b>	CALGANG	<b>GRIP</b>	CALGRIP Includes GRP1-3	<b>MAGE</b>	Multi-Agency Gang Enforcement Consortium	<b>VLRC</b>	Victims Legal Resource Center
<b>CSAE/P</b>	Child Sexual Abuse Exploitation/Prevention	<b>GVS0</b>	Gang Violence Suppression	<b>PPD5</b>	Public Prosecutors/Defenders Training Fund	<b>VP00</b>	Vertical Prosecution Block Grant
<b>DVP0</b>	Domestic Violence Prevention	<b>HTT0</b>	High-Tech Theft Apprehension	<b>RCP0 &amp; 5</b>	Rape Crisis	<b>VPPD</b>	Public Prosecutor/Public Defender Training Fund
<b>EMT1</b>	Evidentiary Medical Training	<b>HY00</b>	Homeless Youth	<b>RLCP</b>	Rural Crime Prevention	<b>VWA0</b>	Victim/Witness Assistance
<b>EPSD</b>	Equality in Preventive Services	<b>ICAC</b>	Internet Crimes Against Children	<b>SAFE</b>	Sexual Assault Felony Enforcement Program	<b>WOM0</b>	War on Methamphetamine
<b>FV00</b>	Family Violence Prevention	<b>LSPA</b>	Local Safety and Protection Account	<b>VLF0</b>	Vehicle Licensing Fee	<b>YET0</b>	Youth Emergency Telephone

# Cal EMA GRANT AWARD MODIFICATION

## 8. Justification for Modification (cont.)

In our plan we had stated that we were intending to buy a computer software program to assist us in tracking assessments and outcomes, the RANT system. Because of the fiscal uncertainty of future drug court funding, and the late start date we had in El Dorado County it is not fiscally prudent to purchase a \$15,000 system that may not be useful after our funding expires. El Dorado County Health Services will be allocating the 15,000 to our Substance Abuse Treatment Provider to provide more access to services for our clients.