



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

3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
(916) 327-3672
FAX: (916) 324-8554



*Governor's Office of
Emergency Services*

Application Cover Sheet

RFA PROCESS

VICTIM/WITNESS ASSISTANCE PROGRAM

Submitted by:

EL DORADO COUNTY DISTRICT ATTORNEY'S OFFICE

VICTIM WITNESS PROGRAM

550 MAIN STREET, SUITE H

PLACERVILLE, CA 95667

OES ID# _____

Award # VW08270090

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

GRANT AWARD FACE SHEET (OES A301)

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

1. **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:** El Dorado County District Attorney's Office

3. **Project Title:** El Dorado County Victim Witness Program 4. **Grant Period:** 07/01/2008 to 06/30/2009

*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) and enter total in Block 10G.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
08/09	5. VOCA		\$83,152.					
Select	6. Fed Prgms							
Select	7. Fed Prgms							
08/09	8. VWA	\$88,934.						
Select	9.							
	10. TOTALS	\$88,934.	\$83,152.					
								10 Grand Total: \$172,086.

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: 946000511

Name: Vern R. Pierson Title: District Attorney/Director

Payment Mailing Address: 515 Main Street City: Placerville Zip: 95667

Telephone: 530 621-6472 FAX: 530 621-1280 Email: vern.pierson@edcgov.us
(area code) (area code)

Signature  Date: 2/26/09

[FOR OES 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.

OES Fiscal Officer _____ Date _____ OES Director (or designee) _____ Date _____

PROJECT CONTACT INFORMATION

Applicant County of El Dorado Grant Number VW08270090
[FOR OES 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: Vern R. Pierson Address: 515 Main Street
Title: District Attorney City: Placerville Zip: 95667
Telephone #: (530) 621-6472 Fax #: (530) 621-1280
(Area Code) (Area code)
E-Mail Address: vern.pierson@edcgov.us

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

Name: Jodi Albin Address: 515 Main Street
Title: Financial Officer City: Placerville Zip: 95667
Telephone #: (530) 621-6421 Fax #: (530) 621-1280
(Area Code) (Area code)
E-Mail Address: jodi.albin@edcgov.us

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

Name: Susan Meyer Address: 550 Main Street, Suite H
Title: Program Coordinator City: Placerville Zip: 95667
Telephone #: (530) 621-6478 Fax #: (530) 295-2602
(Area Code) (Area code)
E-Mail Address: smeyer@co.el-dorado.ca.us

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

Name: Jodi Albin Address: 515 Main Street
Title: Financial Officer City: Placerville Zip: 95667
Telephone #: (530) 621-6421 Fax #: (530) 621-1280
(Area Code) (Area code)
E-Mail Address: jodi.albin@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: Vern Pierson Address: 515 Main Street
Title: District Attorney City: Placerville Zip: 95667
Telephone #: (530) 621-6472 Fax #: (530) 621-1280
(Area Code) (Area code)
E-Mail Address: vern.pierson@edcgov.us

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

Name: Rusty Dupray Address: 330 Fair Lane
Title: Chair City: Placerville Zip: 95667
Telephone #: (530) 621-5650 Fax #: (530) 622-3645
(Area Code) (Area code)
E-Mail Address: bosone@co.el-dorado.ca.us

CERTIFICATION OF ASSURANCE OF COMPLIANCE
With Statutory Requirements of the Violence Against Women Act (VAWA) As Amended,
Services*Training*Officers*Prosecutors (STOP) Formula Grant Program
and
Victims of Crime Act (VOCA) Fund

I, Vern R. Pierson hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: County of El Dorado
IMPLEMENTING AGENCY: District Attorney's Office
PROJECT TITLE: El Dorado County Victim Witness Program

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. *Equal Employment Opportunity – (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 Employment Opportunity Officer: Ted J. Cwiek
Title: Director of Human Resources
Address: 330 Fair Lane, Placerville, CA 95667
Phone: (530) 621-5565
Email: ted.cwiek@edcgov.us

II. *Drug-Free Workplace Act of 1990 – (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) – (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 CEQA requirements.

IV. Lobbying – (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 – (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.

V. Filing Costs for Criminal Charges and Protection

Its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, or in connection with the filing, issuance, registration, or service of a protection order, or a petition for a protection order, to protect a victim of domestic violence, stalking, or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the state, tribal, or local jurisdiction.

VI. Forensic Medical Examination Payment Requirement for Victims of Sexual Assault

The state or territory, Indian tribal government, unit of local government, or another governmental entity incurs the full out-of-pocket cost of forensic medical exams for victims of sexual assault.

The state or territory, Indian tribal government, unit of local government, or another governmental entity does not require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, or to be reimbursed for charges incurred on account of such an exam.

VII. *Judicial Notification*

The state's judicial administrative policies and practices include notification to domestic violence offenders of the requirements delineated in section 922(g)(8) and (g)(9) of title 18, United States Code, and any applicable related Federal, State, or local laws.

VIII. *Polygraph Testing Prohibition*

The state or local unit of government's laws, policies, or practices ensure that no law enforcement officer, prosecuting officer or other government official shall ask or require an adult, youth, or child victim of an alleged sex offense as defined under Federal, tribal, state, territorial, or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense.

- Under 42 U.S.C. 3796gg-8(b), the refusal of a victim to submit to a polygraph or other truth telling examination shall not prevent the investigation, charging, or prosecution of an alleged sex offense by a state, Indian tribal government, territorial government, or unit of local government.

IX. *Nondisclosure of confidential or private information regarding services for victims*

Recipients and subrecipients may not disclose personally identifying information about victims served with Violence Against Women funds without a written release, unless the disclosure of the information is required by a statute or court order. "Personally identifying information" means individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking. Releases must be written, informed and reasonably time-limited and signed by the victim unless the victim is an un-emancipated minor or a person with disabilities.

X. *Consultation and Documentation with local victim services programs*

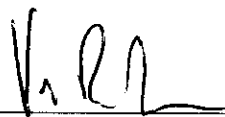
(Applies only to law enforcement, prosecution and the courts)

Tribal, territorial, State, or local prosecution, law enforcement, and courts must consult with tribal, territorial, State or local victim service programs during the course of developing their grant applications. This will ensure that proposed activities and equipment acquisitions are designed to promote the safety, confidentiality, and economic independence of victims of domestic violence, sexual assault, stalking and dating violence.

XI. *Special Condition for Grant Awards with Victims of Crime Act (VOCA) Fund*

The grant recipient agrees to administer the grant in accordance with the VOCA, the VOCA Program Guidelines and the Office of Justice Programs Financial Guide.

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:	
Authorized Official's Typed Name:	Vern R. Pierson
Authorized Official's Title:	District Attorney
Date Executed:	2-26-08
Federal Employer ID Number:	946000511
Executed in the City/County of:	El Dorado
AUTHORIZED BY: <i>(not applicable to State agencies)</i>	
<ul style="list-style-type: none">• City/County Financial Officer or• City/County Manager or• Governing Board Chair	
Signature:	_____
Typed Name:	Rusty Dupray
Title:	Governing Board Chair

SIGNATURE AUTHORIZATION

Grant Award #: VW08270090

Grant Recipient: County of El Dorado

Implementing Agency: District Attorney's Office

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

***Project Director:** Vern R. Pierson

Signature: 

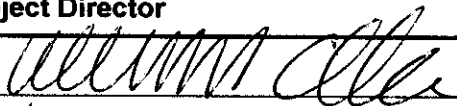
Date: 2/26/08

***Financial Officer:** Jodi Albin

Signature: 

Date: 2/26/08

The following persons are authorized to sign for the
Project Director


Signature

William Clark
Name

Signature

Name

Signature

Name


Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer


Signature

Terese Clusiau
Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

PROJECT NARRATIVE

Problem Statement:

The El Dorado County Victim Witness Program has been in service since 1980. The program started with two half time positions (1.0 FTE), and after 26 years the program only has a staff size of 2.4 (FTE) positions. Due to stagnant funding, staff size continues to decline. Throughout the years, program staff has become proficient at maximizing and prioritizing the services to crime victims. However, the program has become a familiar resource to the community, and the demands have substantially increased.

In 2006, El Dorado County's population was estimated at 176,204, and is expected to increase to 218,811 by 2015. This growth combined with an increase in specific crimes, will make it difficult for staff to handle the influx of victims. Currently, staff provides services to approximately 40% of the victims in our community. Priority is given to violent offenses, and property crime victims are assisted if they contact our office. Local schools in both the Tahoe area and the Placerville area have increased their referrals to our program, and report a significant increase in juvenile violent offenses. Additionally, staff has seen an increase in Hispanic victims seeking assistance. The program does not have a Spanish-speaking advocate funded by the Victim Witness Grant, which makes communication difficult. In addition to the above, the Deputy District Attorney's have increased their request for services to victims, such as Court Support. Unfortunately, this type of service is very time demanding, and decreases staff time for services to other victims.

Volunteers, although required, have been almost impossible to recruit and retain. Due to extensive background checks, and the requirement that volunteers meet the standards that an advocate would need to meet, including 40 hour entry level training, and limited staff time for in house training, supervision time, and office space, volunteers continue to be an issue with this program.

Plan and Implementation:

The El Dorado County Victim Witness Program has two locations. The primary office is located at 550 Main Street, Suite H, Placerville, 95667. The phone number is (530) 621-6414. The Lake Tahoe Office is located at 1360 Johnson Blvd. Suite 105, South Lake Tahoe, 96150. The phone number (530) 573-3100. Due to the mountain driving, inclement weather, and the distance between the two cities, all government services have an office in both locations to better serve the public. The Program Coordinator and contact person for the program is Susan Meyer. The confidential phone number is (530) 416-1233. Currently the program has a (.8 FTE) advocate in the Placerville Office and a (.6 FTE) advocate in the Lake Tahoe Office.

As the program is located in the District Attorney's Office, the access to crime reports, criminal files, and case information allows staff to inform victims of their case status in a timely manner, and increases the communication between the victim and the District Attorney. The Office has a new District Attorney and several new Deputy District Attorney's. As such, staff will be providing an in house training for the new District Attorneys to familiarize them with the Victim Witness Program. Currently the District Attorney's Office utilizes the Damion computer program. The Victim Witness Program has a module within the computer program that allows staff to track their own cases, criminal cases, and document contacts and services.

All staff has been trained and received certification from the California Victim Services Training Institute. Due to budget constraints, the program will be unable to send advocates to any follow-up training. However, we will continue to seek local training opportunities that will enhance the services provided by our office.

Although the Victim Witness Program is short staffed, every effort is made to ensure that no victim will be turned away. The program has the ability through the use of the District Attorney's computer program, to print out all incoming law enforcement reports. This allows staff to expedite contacts and provide outreach to victims. Staff is currently handling violent offenses first, and property crimes secondary, as time allows. However, if a property crime victim contacts our office, services are provided. Upon receipt of a referral, the advocate will contact the victim via phone or in person, and offer services. The services offered would include all of the mandatory services, and optional services, as determined necessary for the well being of the victim. Referrals from the Deputy District Attorney's for court support are given priority as an immediate need to the victim. As the program has a Joint Powers Agreement with the California Victim Compensation Program, advocates refer all questions regarding claims to the Claims Specialists. The Victim Witness Program currently has some elder abuse advocate hours, which is funded through the Elder Abuse Advocacy and Outreach Grant. All Elder Abuse cases and questions are referred to the advocates funded by the Elder Abuse Grant. Referrals are made from other agencies, such as; Probation, Child Protective Services, Adult Protective Services, Women's Center, Courts, and Hospitals. An outside agency referral is handled the same way as an in house referral. The advocate will review the report, evaluate the victim's needs, and make contact with the victim. If a referral is not related to the type of services that Victim Witness provides, the advocate will follow-up with the agency or caller and provide a referral to the appropriate agency.

The Victim Witness Program will conduct field visits as required by the victim. A vehicle is always available for the advocate's use. The program has a TTY phone system set up in each of the offices for the hearing impaired, and a list of local sign interpreters is maintained in the office. Staff must rely on volunteers and other agencies for translation

services for non-English speaking clients. The special needs of a victim are typically evaluated prior to the initial contact. If a law enforcement report indicates the victim is disabled, non-English speaking, hearing impaired or elderly, staff will take appropriate measures to ensure that there is no interruption of services, or communication issues with the victim. A wheelchair is provided to clients who have difficulty walking to Court, and interviews. In most cases, if it is determined that a victim has a special need, staff will conduct a field visit, rather than asking the victim to come into the office. Every effort is made to ensure that the victim with special needs receives the same quality of service as all victims.

Brochures, business cards, and posters are provided to local agencies, local hospitals, and law enforcement. Presentations and training is provided to various agencies, public and private. Law enforcement is asked to carry the Victim Witness brochures in their patrol cars, and provide the brochures to victims of crime at the time of the report. The public information person(s) at the hospitals is asked to provide our brochure and Victim Compensation Claims to victims and their families at the time of treatment.

A three year Operational Agreement was signed by local agencies for the 2007/2008 fiscal year. The Operational Agreement will cover the grant years of 2007-2010. The agreement details the expectations of each agency, including training needs, networking, and regular meetings. Both the El Dorado Women's Center and the South Lake Tahoe Women's Center provide services to domestic violence victims, sexual assault victims, and both sexual assault and physical abuse of children

A current organizational chart and a listing of the multiple field offices is included in the grant appendix.

The program will continue to look at ways to use volunteers. As previously stated in the problem statement, there are several barriers for our program in using volunteers. The average background check takes about a month to process, and the type of questions that are in the packet typically are very invasive, and many volunteers do not wish to go through the process just to volunteer a few hours a week. The program needs people who can work directly with victims, as we are currently contacting only about 40% of the victim-based population. We have been told that all volunteers working with victims', need to meet the same standards that an advocate would need in order to perform the job. This includes the 40 hour entry-level training, which we have no funds available for the training. Additionally, both offices are limited in space. There currently is no place for a volunteer to work in either office. The coordinator will be working with the District Attorney and OES to remedy the volunteer issue. In the mean time, volunteers are used for translation services, and we are searching for professionals that may volunteer their time to the program. Such as, therapists, physicians, and attorney's that may help victims through their recovery and possible civil issues that may arise from a criminal case.

Budget Narrative

The 2008/2009 budget includes salaries and benefits for the coordinator and two part time advocates. The total budget for salaries and benefits is \$170,448. Operating costs are restricted to \$1,638, and there are no equipment purchases budgeted this year.

The coordinator is budgeted at (.95 FTE) from the Victim Witness Grant. The remaining time is paid by the Victim Compensation Program (.04 FTE) and the Elder Abuse Grant (.01 FTE). The coordinators time is spend providing direct services to victims, preparing reports, grants, supervising staff, and attending required meetings. The coordinator's time is spent between the Placerville and South Lake Tahoe offices. All qualifications set forth both by the County's employment standards for this job, and certification from the California Victim Services Training institute have been met.

There are two advocates assigned to the Victim Witness Grant responsibilities. The Placerville office advocate is currently funded (.8 FTE) from the Victim Witness Grant and (.2 FTE) Elder Abuse Grant. The Lake Tahoe advocate is currently funded (.6 FTE) from the Victim Witness Grant and (.4 FTE) Elder Abuse Grant. Both advocates spend their time providing direct services to victims of all types of crime. All qualifications for employment and the required training/certification have been met by both advocates.

Job descriptions are on file with this office, and certificates available upon request. All split positions maintain functional time sheets.

Operating costs are limited to the required training as mandated by the RFA. The District Attorney's Office will then be responsible for paying for the office lease, security, janitorial, telephone, memberships, mileage, fuel, utilities expense and the remainder of benefit expense equaling \$14,210.00.

There are no subcontracts or unusual expenses, and no mid year salary range adjustments expected for this year.

BUDGET CATEGORY AND LINE ITEM DETAIL

OES Operating Budget

A. Personal Services – Salaries/Employee Benefits			STATE	VOCA	VOCA MATCH	COST
Salaries (includes Tahoe Diff., Def. Comp, Bi-lingual, Overtime, Longevity)						\$0
Program Coordinator	(80% VOCA)	.95 FTE				\$0
a. Salary	.95 of 50,185.06	47,675.82		\$47,676		\$47,676
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	9,559.00	\$9,559			\$9,559
c. Health Insurance	.5711of salary	27,228.86	\$27,229			\$27,229
d. Medicare	.0145 of salary	691.30	\$691			\$691
e. Disability	.0036 of salary	171.63	\$172			\$172
f. SUI	.0075 of salary	357.56	\$358			\$358
Program Specialist- Placerville						\$0
		.80 FTE				\$0
a. Salary	.80 of 38,753.28	31,002.62	\$1,753	\$8,462	\$20,788	\$31,003
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	6,216.02	\$6,216			\$6,216
c. Health Insurance	.5711of salary	13,120.31	\$13,120			\$13,120
d. Medicare	.0145 of salary	449.53	\$450			\$450
e. Disability	.0036 of salary	111.60	\$112			\$112
f. SUI	.0075 of salary	232.51	\$233			\$233
Program Specialist- S. Lake Tahoe						\$0
		.60 FTE				\$0
a. Salary	.60 of 38,753.28	27,017.14		\$27,014		\$27,014
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	5,416.93	\$222			\$223
c. Health Insurance	.5711of salary	7,356.94	\$5,719			\$5,719
d. Medicare	.0145 of salary	391.74	\$392			\$392
e. Disability	.0036 of salary	92.07	\$92			\$92
f. SUI	.0075 of salary	191.82	\$192			\$192
Personal Section Totals			\$66,508	\$83,152	\$20,788	
PERSONAL TOTAL						\$170,448

BUDGET CATEGORY AND LINE ITEM DETAIL

Departmental Operating Budget

A. Personal Services – Salaries/Employee Benefits			STATE	VOCA	VOCA MATCH	COST
Salaries (includes Tahoe Diff., Def. Comp, Bi-lingual, Overtime, Longevity)						\$0
Program Coordinator	(80% VOCA)	.95 FTE				\$0
a. Salary	.95 of 50,185.06	47,675.82		\$47,676		\$47,676
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	9,559.00	\$9,559			\$9,559
c. Health Insurance	.5711of salary	27,228.86	\$27,229			\$27,229
d. Medicare	.0145 of salary	691.30	\$691			\$692
e. Disability	.0036 of salary	171.63	\$172			\$172
f. SUI	.0075 of salary	357.56	\$358			\$358
Program Specialist- Placerville						\$0
		.80 FTE				\$0
a. Salary	.80 of 38,753.28	31,002.62	\$1,753	\$8,462	\$20,788	\$31,003
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	6,216.02	\$6,216			\$6,217
c. Health Insurance	.5711of salary	13,120.31	\$13,120			\$13,121
d. Medicare	.0145 of salary	449.53	\$450			\$450
e. Disability	.0036 of salary	111.60	\$112			\$112
f. SUI	.0075 of salary	232.51	\$233			\$233
Program Specialist- S. Lake Tahoe						\$0
		.60 FTE				\$0
a. Salary	.60 of 38,753.28	27,017.14		\$27,014		\$27,015
Benefits						\$0
b. Retirement/ PERS	.2005 of salary	5,416.93	\$5,417			\$5,417
c. Health Insurance	.5711of salary	7,356.94	\$7,357			\$7,357
d. Medicare	.0145 of salary	391.74	\$392			\$392
e. Disability	.0036 of salary	92.07	\$92			\$93
f. SUI	.0075 of salary	191.82	\$192			\$192
Personal Section Totals			\$73,341	\$83,152	\$20,788	
PERSONAL TOTAL						\$177,288

APPLICATION APPENDIX

Operational Agreement Summary Form

Organizational Chart

Other Funding Sources

Prior, Current and Proposed OES Funding

Project Services Area

Multiple Field Offices

Project Summary Form

Not included in this grant application, as not applicable is:

Non Competitive Bid Request Checklist

Out of State Travel Request, OES 700

Emergency Fund Procedures

Computer & Automated Systems Purchase Justification

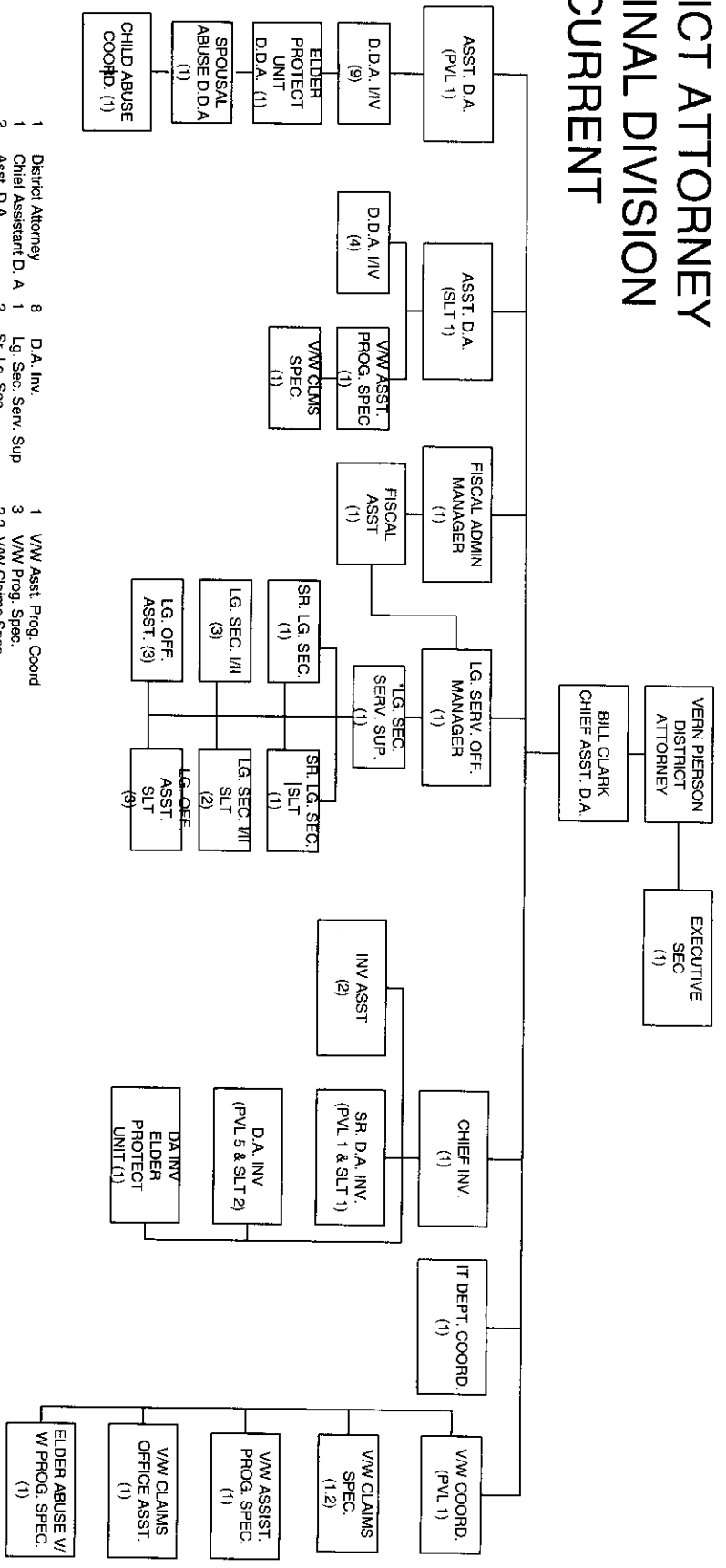
Guidelines

Operational Agreements (OA) Summary Form

List of Agencies/Organizations/Individuals	Date OA Signed (xx/xx/xxxx)	Dates of OA	
		From:	To:
1. South Lake Tahoe Police Department	06/12/2007	7/1/2007	to 6/30/2010
2. Placerville Police Department	06/13/2007	7/1/2007	to 6/30/2010
3. El Dorado County Sheriff's Department	06/12/2007	7/1/2007	to 6/30/2010
4. South Lake Tahoe Women's Center	06/19/2007	7/1/2007	to 6/30/2010
5. El Dorado Women's Center - The Center	06/13/2007	7/1/2007	to 6/30/2010
6.			to
7.			to
8.			to
9.			to
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17.			to
18.			to
19.			to
20.			to

Use additional pages if necessary.

2007 DISTRICT ATTORNEY CRIMINAL DIVISION CURRENT



- 1 District Attorney
- 1 Chief Assistant D. A.
- 2 Asst. D.A.
- 15 D.D.A. I/IV
- 1 Fiscal Admin Mgr.
- 1 Lg. Serv. Off. Mng.
- 1 Chief Inv.
- 2 Sr. D.A. Inv.
- 8 D.A. Inv.
- 1 Lg. Sec. Serv. Sup
- 2 Sr. Lg. Sec
- 6 Lg. Sec. I/II
- 5 Lg. Off. Asst
- 1 Office Ass t
- 1 IT Dept. Coord. II
- 1 V/W Asst. Prog. Coord
- 3 V/W Prog. Spec.
- 22 V/W Claims Spec.
- 1 Child Abuse Coord.
- 2 Inv. Asst.
- 1 Executive Secretary

TOTAL 572

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 <i>(Use only the grant funds identified in the preceding budget pages.)</i>	OTHER FUNDS	PROGRAM TOTAL
Personal Services	\$170,448.	\$6,840.	\$177,288.
Operating Expenses	\$1,638.	\$7,177.	\$8,815.
Equipment	0	0	0
TOTAL	\$172,086.	\$14,017	\$186,103.

OES 653

This form does not become part of the grant award.

PRIOR, CURRENT AND PROPOSED OES FUNDING

FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OES FUNDING
2003/2004	DC033Q0090	212,667.00		
2003/2004	VW033Q0090	132,493.00	Advocate, SLT	60%
			Coordinator, PVL	36%
			Coordinator, SLT	96%
			Advocate, PVL	80%
2003/2004	EA03060090	95,333.00	Advocate, SLT	40%
			Coordinator	96%
			Advocate, PVL	80%
2004/2005	VB04020090	62,368.00		
2004/2005	DC04150090	238,158.00		
2004/2005	VW04230090	172,086.00	Advocate, SLT	60%
			Coordinator	95%
			Advocate, PVL	80%
2004/2005	EA04060090	107,407.00	Advocate, SLT	40%
			Coordinator	1%
2005/2006	VW0524090	172,086.00	Advocate, SLT	60%
			Coordinator	95%
			Advocate, PVL	60%
2005/2006	EA05080090	107,407.00	Advocate, SLT	40%
			Coordinator	1%
			Advocate, PVL	40%
2005/2006	VB05030090	62,368.00		
2005/2006	DC05160090	211,194.00		
2006/2007	VW062540090	175,865.00	Advocate, SLT	60%
			Coordinator	95%
			Advocate, PVL	80%
2006/2007	EA06090090	112,500.00	Advocate, SLT	40%
			Coordinator	1%
			Advocate, PVL	100%
2006/2007	VB06040090	146,981.00	Deputy District Attorney	100%
			Investigator	51%
2007/2008	VW07260090	172,086.00	Advocate, SLT	60%
			Coordinator	95%
			Advocate, PVL	60%
2007/2008	EA07100090	90,000.00	Advocate, SLT	40%
			Coordinator	1%
			Advocate, PVL	70%
			Advocate, PVL	20%
2007/2008	VB07050090	146,981.00	Deputy District Attorney	100%
			Investigator	51%
2008/2009	Victim Witness	172,086.00	Advocate, SLT	60%
			Coordinator	95%
			Advocate, PVL	60%
2008/2009	Elder Vertical Prosecution	146,981.00	Deputy District Attorney	100%
			Investigator	51%
2008/2009	Elder Advocacy	90,000.00	Advocate, SLT	40%
			Coordinator	1%
			Advocate, PVL	70%
			Advocate, PVL	20%

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

*County of El Dorado. The principle office is located in Placerville

2. 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. 4 Lines Max

* 4th Congressional District

3. STATE ASSEMBLY DISTRICT(S) : 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

4. 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

Per the Center for Economic Development, the population in 2006 was 176,204.

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 E-Mail – smeyer@co.el-dorado.ca.us	*(1) Coordinator (1) (.8 FTE) VW Advocate (.20 FTE) Elder Abuse Advocate (1) Elder Abuse Advocate (2) Claims Specialist (1) Claims Support	Susan Meyer

Branch Office

1360 Johnson Blvd. # 105 South Lake Tahoe, CA 96150 (530) 573-3100 E-Mail – smeyer@co.el-dorado.ca.us	(1) (.6 FTE) Advocate (1) (.4 FTE) Elder Abuse Advocate	Susan Meyer
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*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

PROJECT SUMMARY

1. GRANT AWARD NO. VW08270090

3. GRANT PERIOD

2. PROJECT TITLE Victim Witness Program

07/01/2008 to 6/30/2009

4. APPLICANT

5. GRANT AMOUNT

Name: County of El Dorado Phone: 530-621-5650

(this is the same amount as 10G of the Grant Award Face Sheet)

Address: 330 Fair Lane Fax #: 530-622-3645

\$ 172,086.

City: Placerville Zip: 95667

6. IMPLEMENTING AGENCY

Name: District Attorney Phone: 530 621-6472 Fax #: 530 621-1280

Address: 515 Main Street City: Placerville Zip: 95667

7. PROGRAM DESCRIPTION

In 2006, El Dorado County had a population of 176,204. Of the two incorporated cities, South Lake Tahoe has the most populous with 23,594 people. The city of Placerville has a population of over 10,171 people. The majority of the population resides in the county, outside city limits. Because of the distances between the two cities, and the inclement weather, all government agencies are duplicated in each city. The main office of the Victim Witness Program is located in the City of Placerville. The address is 550 Main Street, Suite H, Placerville, CA 95667. The phone number is (530) 621-6414. The branch office is located at 1360 Johnson Blvd. Suite 105, South Lake Tahoe, CA 96150. The phone number is (530) 573-3100.

8. PROBLEM STATEMENT

As funding for the program has remained the same for several years, staff size has declined. This has forced staff to prioritize services and victim crime type. Violent crimes are given priority over property crimes. As the program is working with a reduced staff size contacting new victims in a timely manner has been difficult. Outreach services are limited, and are on a need be basis. The majority of the contact is done via the phone, or mail. The Placerville office has a high volume of cases that go to trial, as such, advocates are needed for court support services. This takes the advocates out of the office, and reduces the number of new contacts.

9. OBJECTIVES

The program anticipates that staff will provide at least 1100 new victims with services, and provide witness services to 50 people. Volunteers will be utilized whenever possible. Due to a lack of office space, computer and phone availability, background check requirements, and training requirements, the use of volunteers is limited. However, volunteers will be recruited and used for outreach services to new victims.

10. ACTIVITIES

Both staff and volunteers will provide all mandatory services to all victims of crime as referred to the program, or as outreach services are provided to new victims. All crime reports referred to the District Attorney's office are available to Victim Witness staff. A daily log is printed, and staff will review all logs for victim related crimes. Violent offenses are given priority. Victims are contacted via phone or mail and informed of the status of their criminal case, and services offered through the Victim Witness Program. A brochure is provided to victims, so that they can contact staff for updated status information. Staff assists all victims of violent offenses with information regarding the Victim Compensation Program, and completion of the necessary forms. A restitution loss form is provided to all victims of all types of crime. The form is returned to our office for routing to the defendant's file. A computerized system (Damion) is used to maintain case information, case status, cross reference with defendant and victim information, crime report information and provides reports for statistical purposes.

11. EVALUATION (if applicable)

The program coordinator reviews the work of all VW staff, and prepares reports to be submitted to OES. All reports and documentation are available for OES site visits and auditors at request .

12. NUMBER OF CLIENTS

(if applicable)

1100 New Victims
50 Witnesses

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
	\$170,448.	\$1,638.	0	\$172,086.
Totals:	\$170,448	\$1,638.	0	\$172,086.