

(Cal OES Use Only)

Cal OES #		FIPS #		VS#		Subaward #	
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. Subrecipient: El Dorado County 1a. UEI#: HNUYLFNMNJR3
2. Implementing Agency: El Dorado County Health and Human Services Agency 2a. UEI#: _____
3. Implementing Agency Address: 3057 Briw Rd., Suite B Placerville 95667-5335
(Street) (City) (Zip+4)
4. Location of Project: Placerville El Dorado 95667-5335
(City) (County) (Zip+4)
5. Disaster/Program Title: XE - Elder Abuse Program 6. Performance/
Budget Period: 1/1/2023 to 12/31/2023
(Start Date) (End Date)
7. Indirect Cost Rate: 10% de minimis Federally Approved ICR (if applicable): _____ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2020	VOCA		\$108,722			\$27,181	\$27,181	\$135,903
9.	2021	VOCA		\$108,722			\$27,181	\$27,181	\$135,903
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost		\$217,444	\$217,444		\$54,362	\$54,362	\$271,806

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:**
 Name: Evelyn Schaeffer Title: Director, Health and Human Services Agency
 Payment Mailing Address: 3057 Briw Rd., Ste B. City: Placerville, CA Zip Code+4: 95667-5335
 Signature: _____ Date: _____

16. Federal Employer ID Number: 946000511

(FOR Cal OES USE ONLY)

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

(Cal OES Fiscal Officer) (Date) (Cal OES Director or Designee) (Date)