



## Grant Subaward Certification of Assurance of Compliance

Subrecipient: El Dorado County

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1	XE - Elder Abuse Program	XE 22 05 0090	1/1/23 - 12/31/23
2	XC - Victims Services Program	XC 22 05 0090	1/1/23 - 12/31/23
3			
4			
5			
6			

I, Olivia Byron-Cooper, MPH (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby certify that the above Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

**I. Proof of Authority – SRH 1.055**

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

**II. Civil Rights Compliance – SRH Section 2.020**

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

**III. Equal Employment Opportunity – SRH Section 2.025**

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.



**IV. Drug-Free Workplace Act of 1990 – SRH Section 2.030**

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

**V. California Environmental Quality Act (CEQA) – SRH Section 2.035**

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

**VI. Lobbying – SRH Sections 2.040 and 4.105**

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

**All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.**

<b>CERTIFICATION</b>	
I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.	
Official Designee's Signature:	<u></u> <small>Olivia Byron-Cooper (Feb 7, 2023 13 05 PST)</small>
Official Designee's Typed Name:	<u>Olivia Byron-Cooper, MPH</u>
Official Designee's Title:	<u>Interim Director, Health and Human Services Agency</u>
Date Executed:	<u>02/07/2023</u>
<b>AUTHORIZED BY:</b>	
I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.	
<input type="checkbox"/> City Financial Officer	<input type="checkbox"/> County Financial Officer
<input type="checkbox"/> City Manager	<input type="checkbox"/> County Manager
<input checked="" type="checkbox"/> Governing Board Chair	
Signature:	<u></u>
Typed Name:	<u>Wendy Thomas</u>
Title:	<u>Chair, Board of Supervisors</u>
Date Executed:	<u>2/13/23</u>