

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

**Meeting of
March 13, 2007**

AGENDA TITLE: : D.A.'S VICTIM WITNESS ASSISTANCE GRANT FY 07/08 RESOLUTION

DEPARTMENT: District Attornev

DEPT SIGNOFF:

CAO USE ONLY: *C*

CONTACT: John Mitchell

V. Miller

Keely Webb 2/23/07

DATE: 2/8/2007 **PHONE:** 6421

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

1. Approve the attached resolution for the above captioned grant program which authorizes the district attorney to execute the agreement with the Governor's Office of Emergency Services, or any extension thereto, and.
2. Authorize the chairwoman to execute the Certification required by the Office of Emergency Services

CAO RECOMMENDATIONS: *Recommend approval. Laura J. Hill 2/23/07*

Financial impact? Yes (, No

Funding Source: () Gen Fund (X) Other

BUDGET SUMMARY:

Other: state grant *DES*

Total Est. Cost \$172.086.00

CAO Office Use Only:

Funding

4/5's Vote Required () Yes (X) No

Budgeted \$172.086.00

Change in Policy () Yes (X) No

New Funding _____

New Personnel () Yes (X) No

Savings* _____

CONCURRENCES:

Other _____

Risk Management *N/A*

Total Funding \$172.086.00

County Counsel *YES*

Change in Net County Cost 0

Other _____

***Explain**

BOARD ACTIONS:

Vote: Unanimous _____ **Or**

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

Ayes:

Date: _____

Noes:

Attest: Cindy Keck, Board of Supervisors Clerk

Abstentions:

Absent:

By: _____

u



OFFICE OF THE
DISTRICT ATTORNEY
EL DORADO COUNTY, CALIFORNIA

VERN PIERSON, DISTRICT ATTORNEY

February 8, 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: D.A.'S VICTIM WITNESS ASSISTANCE GRANT FY07/08
RESOLUTION

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 Governor's 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:

The district attorney's Victim Witness Assistance Program has operated for many years from our offices in Placerville and South Lake Tahoe. Funding is provided through the Governor's Office of Emergency Services in Sacramento.

The FY 07/08 grant will provide funding for the current program for another year.

Fiscal Impact:

There is no impact on Net County Cost; Net County Cost is \$0.

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



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 Victim Witness Assistance Grant, to be funded in part from funds made available through the Victim Witness Assistance Program administered by the Office of Homeland Security/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, to execute on behalf of the El Dorado County 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: _____

Contract #: _____

CONTRACT ROUTING SHEET

2007

PROCESSING DEPARTMENT:
 Department: D.A.
 Dept. Contact: JOHN MITCHELL
 Phone #: 6421
 Department Head _____
 Signature: [Signature]

CONTRACTOR: OES DISTRICT ATTORNEY
 Name: _____
 Address: _____
 Phone: _____

EL DORADO COUNTY COUNSEL
 2017 FEB - 8 PM 3:52
 [Signature]

CONTRACTING DEPARTMENT:
 Compliance with Human Resources requirements? Yes: ___ No: ___
 Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2-13-07 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE 02/13/2007
 ATTORNEY [Signature]
 DEPT./INDEX NO. 220000
 BY: [Signature]

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: _____