

## SPECIAL CONDITION

Grant Subaward No. XE16010090 is hereby approved with the following condition:

- ***To change the ending date of the Grant Subaward from 06/30/2018 to 12/31/2019.***
- The 2015 VOCA Funds in the amount of \$500,000 must be expended by 8/31/18 and the final 2-201 must be received by Cal OES by 9/15/18. **This condition will reduce the liquidation period to zero days.**
- The 2016 VOCA Funds in the amount of \$291,666 must be expended by 8/31/19 and the final 2-201 must be received by Cal OES by 9/15/19. **This condition will reduce the liquidation period to zero days.**
- The 2017 VOCA funds in the amount of \$83,334 cannot be expended until the FY2017/2018 Federal VOCA Award is received by Cal OES.

**Should the Federal VOCA and/or VAWA award(s) be reduced, you will be notified and required to amend the Subaward.**

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the Grant Subaward and/or the denial of future grant funds.

# GRANT SUBAWARD MODIFICATION

MAIL TO: California Governor's Office Of Emergency Services  
 3650 Schriever Ave  
 Mather, CA 95655:

1. Subaward #: XE16 01 0090  
 2. Modification # 4

3. Subrecipient/Implementing Agency: El Dorado County  
 4. Project Title: Elder Abuse (XE) Program  
 5. Contact Person: Jason Stalder Phone: 530-642-7331 Fax: 530-653-2229  
 Email Address: jason.stalder@edcgov.us 6. Performance Period: 07/01/2016 to 12/31/2019  
 7. Payment Mailing Address: 3057 Briw Rd, Ste B, Placerville, CA 95667  Check here if new.

### 8. Revision to Budget

FISCAL YEAR	Current Allocation 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	
15	VOCA	\$308,594	\$91,406		\$400,000	\$95,910	\$4,090		\$100,000	\$500,000
16	VOCA				\$0				\$0	\$0
17	VOCA				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change {add (+) or subtract (-) from budgeted amount}</b>										
15	VOCA				\$0				\$0	\$0
16	VOCA	\$200,000	\$33,333		\$233,333	\$58,333			\$58,333	\$291,666
17	VOCA		\$66,667		\$66,667	\$16,667			\$16,667	\$83,334
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation</b>										
15	VOCA	\$308,594	\$91,406	\$0	\$400,000	\$95,910	\$4,090	\$0	\$100,000	\$500,000
16	VOCA	\$200,000	\$33,333	\$0	\$233,333	\$58,333	\$0	\$0	\$58,333	\$291,666
17	VOCA	\$0	\$66,667	\$0	\$66,667	\$16,667	\$0	\$0	\$0	\$66,667
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

**10. Subrecipient Approvals**

Project Director (typed name) \_\_\_\_\_ Financial Officer (typed name) \_\_\_\_\_

Project Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Financial Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cal OES Approval Signatures** **Cal OES USE ONLY**

Program Specialist \_\_\_\_\_ Date \_\_\_\_\_ Unit Chief \_\_\_\_\_ Date \_\_\_\_\_

Grants Processing \_\_\_\_\_ Date \_\_\_\_\_

## GRANT SUBAWARD MODIFICATION Cal OES 2-223 INSTRUCTIONS

### 9. Justification for Modification (cont.)

Change Performance End date to 12/31/2019.

Increase the 15VOCA funds by \$0 from \$400,000 to \$400,000.

Increase the 15VOCA match by \$0 from \$100,000 to \$400,000.

Increase the 16VOCA funds by \$233,333 from \$0 to \$233,333.

Increase the 16VOCA match by \$58,333 from \$0 to \$58,333.

Increase the 17VOCA funds by \$66,667 from \$0 to \$66,667.

Increase the 17VOCA match by \$16,667 from \$0 to \$16,667.

Increase the Total Project Cost by \$375,000 from \$500,000 to \$875,000.

Changing the Project Director from Pam Carter to Laura Walny. Changing the Board Chair from Ron Mikulaco to Shiva Frentzen. Removing Alexis Zoss as an authorized signer for the Project Director. Adding Kathryn Ekhert, Patricia Charles-Heathers, and Jamie Samboceti as authorized signers for the Project Director. Reallocating funds from Program-related Office supplies to Emergency Unmet needs assistance line item. Recalculating Victim Witness position time based on December 2016 start. Cost savings moved to increase Outreach Materials to fund two outreach campaigns that include posters at bus stops as well as outreach materials for use at booths at public events. Additionally, the FTE for the Staff Services Analyst has been increased to .2FTE for the last 12 months of the grant cycle.

**PROJECT CONTACT INFORMATION**

Subrecipient: El Dorado County Subaward #: XE16010090

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **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: Laura Walny Title: Social Services Program Manager  
Telephone #: 530-642-7249 Fax#: 530-622-1543 Email Address: Laura.walny@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste A, Placerville, CA 95667

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

Name: Yvonne Kollings Title: Chief Fiscal Officer  
Telephone #: 530-295-6917 Fax#: 530-653-2215 Email Address: yvonne.kollings@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste B, Placerville, CA 95655

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Trudy Kilian Title: Staff Services Analyst II  
Telephone #: 530-642-7243 Fax#: 530-653-2147 Email Address: Trudy.Kilian@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste A, Placerville, CA 95667

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Yvonne Kollings Title: Chief Fiscal Officer  
Telephone #: 530-295-6917 Fax#: 530-653-2215 Email Address: yvonne.kollings@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste B, Placerville, CA 95655

5. The **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Patricia Charles-Heathers Title: Director  
Telephone #: 530-621-6270 Fax#: 530-663-8498 Email Address: Patricia.Charles-Heathers@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste B, Placerville, CA 95655

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet:

Name: Patricia Charles-Heathers Title: Director  
Telephone #: 530-621-6270 Fax#: 530-663-8498 Email Address: Patricia.Charles-Heathers@edcgov.us  
Address/City/Zip: 3057 Briw Rd, Ste B, Placerville, CA 95655

7. The **chair** of the **Governing Body** of the subrecipient:

Name: Shiva Frentzen Title: Board Chair  
Telephone #: 530-621-5390 Fax#: 530-622-3645 Email Address: Shiva.frentzen@edcgov.us  
Address/City/Zip: 330 Fair Lane, Placerville, CA 95667

**SIGNATURE AUTHORIZATION**

Subaward #: XE16010900

Subrecipient: El Dorado County

Implementing Agency: Health and Human Services Agency

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

\***Project Director:** Laura Walny

\***Financial Officer:** Yvonne Kollings

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

The following persons are authorized to sign for the  
**Financial Officer**

\_\_\_\_\_  
Signature  
Kathryn Eckert  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature  
Lori Walker  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature  
Patricia Charles-Heathers, Ph.D.  
\_\_\_\_\_  
Print Name

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Signature  
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Print Name

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Signature  
Jamie Samboceti  
\_\_\_\_\_  
Print Name

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Print Name

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Print Name

## PROJECT SUMMARY

<b>1. Subaward #:</b> <u>XE16010090</u>	<b>3. PERFORMANCE PERIOD</b> <u>7/1/16</u> to <u>12/31/19</u>
<b>2. PROJECT TITLE</b> <u>Elder Abuse Program</u>	
<b>4. SUBRECIPIENT</b> Name: <u>El Dorado County</u> Phone: <u>(530) 621-5567</u> Address: <u>330 Fair Lane</u> Fax #: <u>(530) 295-2537</u> City: <u>Placerville</u> Zip: <u>95667</u>	<b>5. GRANT AMOUNT</b> (this is the same amount as 12G of the Grant Subaward Face Sheet)  <div style="text-align: right;">\$ 875,000</div>
<b>6. IMPLEMENTING AGENCY</b>  Name: <u>Health and Human Services Agency</u> Phone: <u>(530) 642-7300</u> Fax #: <u>(530) 663-8498</u> Address: <u>3057 Briw Rd,</u> City: <u>Placerville</u> Zip: <u>95667</u>	
<b>7. PROGRAM DESCRIPTION</b>  HHSA's Elder and Dependent Adult Abuse Program is a collaboration between Adult Protective Services, Senior Legal Services, and the District Attorney's Victim Witness program. The efforts of the project are aimed at ensuring victims of elder and dependent adult abuse are linked to appropriate services based on their needs no matter which point of entry the victim is identified through.	
<b>8. PROBLEM STATEMENT</b>  Evidence suggests a dramatically different counts of the incidents of elder abuse based on agencies encountering the abuse. Part of this divergence is due to how agencies define elder abuse, with the Sheriff's Department and District Attorney's Office seeing the penal code definition of elder abuse and Senior Legal Services and Adult Protective Services often seeing the civil code definition of elder abuse. The lack of coordination has created confusion in role definition, which is an on-going problem that is being communicated about through the efforts of this project.	
<b>9. OBJECTIVES</b>  Moving beyond June 30, 2018, it is the intent of HHSA to shift the roles and duties originally projected in the proposal. Outcomes within the first year have indicated victims seeking services through HHSA and Senior Legal Services are not victims who need more direct service opportunities. Efforts from the DA's Victim Witness program tend rely much more consistently on direct services. As a result, direct service provision will be assumed by the District Attorney's office through an amendment to the current MOU. HHSA's role in the project will concentrate on team training, community outreach, and community education with civil legal assistance provided through Senior Legal Services, provided said services continued by the County Board of Supervisors.	

**10. ACTIVITIES**

- Provide direct victim services to victims of elder and dependent adult abuse.
- Coordinate multi-disciplinary team meetings for the purposes of improving communication between partnering agencies.
- Conduct outreach, education, and training to the public and stakeholders on elder and dependent adult abuse, with an emphasis based on needs identified including financial abuse and exploitation.

**11. EVALUATION** (if applicable)

N/A

**12. NUMBER OF CLIENTS**

(if applicable)

200

**13. PROJECT BUDGET**

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
	\$404,504	\$95,496		\$500,000
	\$258,333	\$33,333		\$291,666
	\$16,667	\$66,667		\$83,334
				\$0
				\$0
				\$0
<b>Totals:</b>	\$679,504	\$195,496	\$0	\$875,000