

# Application Information Form

**Program:**

*Victim/Witness Assistance - VW24*

**Grant Subaward Performance Period:**

*10/01/2024 to 09/30/2025*

**Subrecipient:**

*County of Kings - District Attorney's Office*

**Subrecipient UEI:**

*MHSYMZNMZB1*

**Subrecipient Federal Employer ID:**

*94-6000814*

**Implementing Agency:**

*County of Kings - District Attorney's Office*

**Payment Address**

*1400 WLACEY BLVD  
HANFORD  
California  
Kings County  
93230-5905*

## Primary Location of Project/Services

**Address**

*1400 W Lacey Blvd*

**City:**

*Hanford*

**Address 2**

**County:**

*Kings County*

**Zip Code:**

*93230-5905*

# Contact Information Form

## Navigation Instructions:

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

## Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.

## Grant Subaward Contacts

### Grant Subaward Director

<b>First Name:</b>	<i>Shanna</i>	<b>Last Name:</b>	<i>Meier</i>
<b>Title:</b>	<i>Victim Witness Coordinator</i>	<b>Email:</b>	<i>shanna.meier@co.kings.ca.us</i>
<b>Phone:</b>	<i>(559) 852-2644</i>	<b>State:</b>	<i>CA</i>
<b>Address:</b>	<i>1400 W Lacey Blvd</i>	<b>Zip Code:</b>	<i>93230-5997</i>
<b>City:</b>	<i>Hanford</i>		

### Financial Officer

<b>Name:</b>	<i>Morgan</i>	<b>Last Name:</b>	<i>Elias</i>
<b>Title:</b>	<i>Fiscal Analyst</i>	<b>Email:</b>	<i>morgan.elias@co.kings.ca.us</i>
<b>Phone:</b>	<i>(559) 852-4295</i>	<b>State:</b>	<i>CA</i>
<b>Address:</b>	<i>1400 W Lacey Blvd</i>	<b>Zip Code:</b>	<i>93230-5997</i>
<b>City:</b>	<i>Hanford</i>		

### Programmatic Point of Contact:

<b>Name:</b>	<i>Shanna</i>	<b>Last Name:</b>	<i>Meier</i>
<b>Title:</b>	<i>Victim Witness Coordinator</i>	<b>Email:</b>	<i>shanna.meier@co.kings.ca.us</i>
<b>Phone:</b>	<i>(559) 852-2644</i>	<b>State:</b>	<i>CA</i>
<b>Address:</b>	<i>1400 W Lacey Blvd</i>	<b>Zip Code:</b>	<i>93230-5997</i>
<b>City:</b>	<i>Hanford</i>		

### Financial Point of Contact:

<b>Name:</b>	<i>Morgan</i>	<b>Last Name:</b>	<i>Elias</i>
<b>Title:</b>	<i>Fiscal Analyst</i>	<b>Email:</b>	<i>morgan.elias@co.kings.ca.us</i>
<b>Phone:</b>	<i>(559) 852-4295</i>	<b>State:</b>	<i>CA</i>
<b>Address:</b>	<i>1400 W Lacey Blvd</i>	<b>Zip Code:</b>	<i>93230-5997</i>
<b>City:</b>	<i>Hanford</i>		

### Chair of the Governing Body

<b>Name:</b>	<i>Doug</i>	<b>Last Name:</b>	<i>Verboon</i>
<b>Title:</b>	<i>Chairman - Board of Supervisors</i>	<b>Email:</b>	<i>doug.verboon@co.kings.ca.us</i>
<b>Phone:</b>	<i>(559) 852-2366</i>	<b>State:</b>	<i>CA</i>
<b>Address:</b>	<i>1400 W Lacey Blvd</i>	<b>Zip Code:</b>	<i>93230-5997</i>
<b>City:</b>	<i>Hanford</i>		

### Grant Subaward Authorized Agent

*Morgan Elias*

# Grant Subaward Assurances Form

## Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
<u>Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</u>	<input checked="" type="checkbox"/> *
<u>Program Standard Assurance Addendum</u>	<input checked="" type="checkbox"/> *
<u>Standard Certification of Compliance</u>	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal finds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. \*

Subrecipient expends \$1,000,000 or more in federal funds annually.

Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

**In the preceding year, did the Subrecipient receive:**

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? \*      Yes       No



**Cal OES**

GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

**Federal Fund Grant Subaward Assurances  
Victims of Crime Act Victim Assistance Formula Grant  
Program – 2024 VOCA**

Subrecipients agree to adhere to the following and ensure these assurances are passed down to Second-Tier Subrecipients.

**Cal OES has not received the federal fiscal year 2024 Victims of Crime Act Victim Assistance Formula Grant Program Award; therefore, the applicable assurances are not yet available.**

**When funds become available, this document will be updated with the applicable assurances. All impacted Subrecipients will be notified to log in and certify compliance with the updated Federal Fund Grant Subaward Assurance.**

**This must be done prior to reporting expenditures and requesting payment for the applicable fund source.**



## Program Standard Assurances Addendum

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**As the duly authorized representative of the Applicant/Subrecipient, I hereby certify** that the Applicant/Subrecipient, and any of its second-tier subrecipients or representatives, will comply with all applicable local, state, and federal statutes, including but not limited to the following state and federal statutes prohibiting hate-based conduct:

- (a) California Penal Code section 422.6(a);
- (b) California Penal Code section 404.6;
- (c) California Penal Code section 422(a);
- (d) California Civil Code section 52.1;
- (e) 18 U.S.C. § 249;
- (f) 42 U.S.C. § 3631;
- (g) 18 U.S.C. § 247; and
- (h) 18 U.S.C. § 241, 245.

Additionally, Applicant/Subrecipient will not engage, and certifies that it will take steps to ensure that its second-tier subrecipients and representatives do not engage, in conduct contrary to the purposes of the grant program and/or that threatens the safety and security of Californians, including, but not limited to, acts of violence or unlawful intimidation on the basis of race, gender, religion, national origin, sexual orientation, or other protected classifications. Prohibited conduct includes, but is not limited to, violation of the federal and state laws identified herein.

**The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.**



**Cal OES**

GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

## **Standard Assurances of Compliance**

I hereby certify that the 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. 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.

**II. 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.

**III. 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.

**IV. 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.

## Programmatic Narrative Form

### Narrative Questions/Responses

**Question 1**

Briefly describe the plan to provide all mandatory services outlined in the VW Supplemental Program Components and indicate any significant changes to your Program for the 2024-25 Grant Subaward performance period.

The program receives referrals through the automated case management system called Karpel, utilized by the District Attorney's Office. Additionally, victims are referred through official correspondence from the District Attorney's Office and other sources such as the Department of Human Services, mental and health providers, Victim service programs, funeral directors, school officials and local law enforcement agencies. The program ensures that victims of all ages, capabilities and backgrounds are provided with comprehensive services and support throughout their involvement in the criminal justice system. The bilingual staff members and volunteers effectively address the needs of the Spanish speaking population. By networking with various

**Question 2**

This section is for additional space to answer Question 1.

agencies and organizations, the program ensures a cohesive and timely delivery of services to victims, collaborating with social services, probation, military support and other relevant entities. The program engages in proactive community outreach through presentations, information booths and resource events, aiming to educate the public and raise awareness about available services. While the program was understaffed much of the 2023-2024 grant subaward performance period, we are currently fully staffed.

**Question 3**

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.

We assist with crime prevention information in the way of assisting in creating a safety plan for domestic violence victims, transportation to court and law enforcement appointments, intervention with employers, schools, creditors when needed, as well as providing court waiting areas away from the defendants.

**Question 4**

Provide a brief status update of the VW Center's crisis response and Mass Victimization (MV) Assistance plan for crime-related MV/terrorism incidents. Include after hours contact information.

We have a outlined Crisis Response and Mass Victimization Assistance Plan that is currently with management for approval. All after hours contact would be done through our Investigations Unit and then to our Victim Witness Coordinator to coordinate response by our Mass Violence Advocate and implementation of the plan.

**Question 5**

Describe how volunteers are used to support the Program. If volunteers are not used, email a completed Volunteer Waiver Request to your Grants Analyst for approval and upload the approved copy to your VW24 Application.

We currently have 2 part time volunteers. These volunteers are used to assist with case updates, mailing out information to victims, general office work to support the program as well as assisting advocates in managing their caseload.

**Question 6**

List information for all field offices in the county including address, telephone numbers, employees assigned to the office, and supervisor(s) contact information.

Kings County District Attorney

1400 W Lacey Blvd

Hanford CA 93230

(559) 852-2640

Employees Assigned: Advocates: Beverly Rodriguez, Mer-Sadies Bustamante, Lisa Simmons and Katelind Donahue

Supervisor: Victim Witness Coordinator Shanna Meier shanna.meier@co.kings.ca.us (559) 212-9517

**Question 7**

This section is for additional space to answer Question 6.

n/a

# Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	<3 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
How many grants does your organization currently receive?	3-10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$986,953
Are individual staff members assigned to work on multiple grants?	No
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	Yes
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	3-5 years
Do you have procedures to monitor grant funds passed through to other entities?	N/A



# Operational Agreements Form

<b>Participating Agency/Organization</b>	<b>Date Signed</b>	<b>Start Date</b>	<b>End Date</b>
<i>Avenal Police Department</i>	<i>05/30/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Kings County Department of Human Services</i>	<i>06/06/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Hanford Police Department</i>	<i>06/06/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Kings County Sheriffs Department</i>	<i>06/05/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Corcoran Police Department</i>	<i>06/04/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Lemoore Police Department</i>	<i>06/04/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Champions Recovery Alternative Program</i>	<i>06/04/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Kings Community Action Organization</i>	<i>06/04/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>



The California Governor's Office of Emergency Services (Cal OES) is soliciting applications for the following Non-Competitive Funding Opportunity:

**Program:**

Victim/Witness Assistance - VW24

**Description:**

The purpose of the Program is to maintain Centers in each of California's 58 counties to provide comprehensive services to victims/survivors and witnesses of all types of violent crime, pursuant to California Penal Code § 13835.

**Grant Subaward Performance Period**

Oct 01, 2024 - Sep 30, 2025

**Eligible Applicant:**

County of Kings - District Attorney's Office

**Authorized Agent:**

Shanna Meier, Victim Witness Coordinator

Sarah Hacker, District Attorney

Morgan Elias, Fiscal Analyst

**Available Funding Source(s) Allocation:**

Funding Source Name	Fiscal Year	Type	Amount Available	Match Amount Available	Available Funding Total
2024 VWA0	2024	State	\$38,285	\$0	\$38,285
2024 VOCA	2024	Federal	\$207,190	\$0	\$207,190
2024 VCGF	2024	State	\$170,414	\$0	\$170,414
			\$415,889	\$0	\$415,889

**Required Grant Subaward Assurances:**

- Standard Certification of Compliance
- Program Standard Assurance Addendum
- Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf

**Application Due Date:**

Sep 30, 2024

# Funding Source Allocation

## Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Available	Available Funding Total	Funding Requested	Cash Match Amount Requested	In-Kind Match Amount Requested	Total Project Costs
2024 VCGF	2024	State	\$170,414	\$0	\$170,414	\$170,414	\$0	\$0	\$170,414
2024 VOCA	2024	Federal	\$207,190	\$0	\$207,190	\$207,190	\$0	\$0	\$207,190
2024 VWA0	2024	State	\$38,285	\$0	\$38,285	\$38,285	\$0	\$0	\$38,285
			<b>\$415,889</b>	<b>\$0</b>	<b>\$415,889</b>	<b>\$415,889</b>	<b>\$0</b>	<b>\$0</b>	<b>\$415,889</b>

# Budget Cost Categories

## Cost Form Selection(s)

Personnel Costs

Volunteer Costs

Contractor/Consultant Costs

Rent Costs

Travel Costs

Equipment Costs

Financial Assistance For Client's Costs

Second-Tier Subward Costs

Audit Costs

Indirect Costs

Other Operating Costs

Match Waiver

PERSONNEL COSTS

Line Item Identifier	Description	FTE	2024 VCGF		2024 VOCA		2024 VWAO		Total
			FS	Match	FS	Match	FS	Match	
2024 VWAO - VW Coordinator	Victim Witness Coordinator	0.41						\$37,710	\$37,710
2024 VWAO/2024 VCGF - Workers Compensation	Workers Compensation for 4 employees	4	\$562					\$575	\$1,137
2024 VCGF - Overtime	Overtime for 4 employees	4	\$1,700						\$1,700
2024 VCGF - VW Advocate III	Victim Witness Advocate III	1	\$65,555						\$65,555
2024 VCGF - VW Advocate III	Victim Witness Advocate III	1	\$56,579						\$56,579
2024 VCGF/2024 VOCA - VW Advocate III	Victim Witness Advocate III	1	\$46,018		\$24,327				\$70,345
2024 VOCA - VW Advocate III	Victim Witness Advocate III	1			\$92,918				\$92,918

TRAVEL COSTS

Line Item Identifier	Description	Out of State	2024 VCGF		2024 VOCA		2024 VWAO		Total
			FS	Match	FS	Match	FS	Match	
2024 VOCA	CCVAA Entry Level Advocate Academy Hotel - \$125/night + tax + parking \$11/day x 3 days = \$488 Sofa Day - \$276 \$46 x 1 employee = \$276 Registration Fee \$225 CDAA Annual Conference Garden Grove, Hotel-\$120/night +tax+parking/day x 4 nights = \$480 x 1 employee = \$480 Per Diem \$46 x 5 days = \$230 Registration Fee \$498 Victim Witness Training Hotel - \$85/night + tax + parking \$20/day x 2 days = \$230 Per Diem - 2 days @ \$46 = \$92	N			\$2,910				\$2,910

OTHER OPERATING COSTS

Line Item Identifier	Description	Calculation	2024 VCGF		2024 VOCA		2024 VWAO		Total
			FS	Match	FS	Match	FS	Match	
2024 VOCA - Communications	4 - Smartphones for Coordinator and Advocates & 4-data lines for laptops, Office/desktop phones,	\$640.17 per month x 12 = \$7,682			\$7,682				\$7,682
2024 VOCA - Household	Pest Control @ 1424 Forum Drive Hanford, CA	\$38 per month x 12 = \$456			\$456				\$456
2024 VOCA - Memberships	CA Crime Victims Assistance Assoc.	\$160 per person			\$160				\$160

2024 VOCA - Office Expense	Mass Victimization - Misc. Supplies mailers and supplies. Small office equipment. National Crime Victims' Rights Week (NCVRRW) Community Awareness Projects -Printed Items, Venue Costs		\$3,232.58 per month x 12 = \$38,791			\$38,791			\$38,791
2024 VOCA - Postage & Freight	Postage for Correspondence & State Reporting		\$375 per month x 12 months = \$4,500			\$4,500			\$4,500
2024 VOCA - Offset Printing	Printing of forms, flyers, etc per IT		\$166.67 per month x 12 months = \$2,000			\$2,000			\$2,000
2024 VOCA - Rents & Leases	Copy Machine Lease		\$137.50 per month x 12 months = \$1,650			\$1,650			\$1,650
2024 VOCA - Purchasing Charges	cost of county procurement system, purchase orders, approval for lease agreements		\$12 per month x 12 months = \$144			\$144			\$144
2024 VOCA - Accounting Services	Financial processing		\$2,650.00			\$2,650			\$2,650
2024 VOCA - Motor Pool Service	Fuel & Maintenance for Vehicles		\$315.17 per month x 12 months = \$3,782			\$3,782			\$3,782
2024 VOCA - Utilities	Average usage		\$468.33 per month x 12 months = \$5,620			\$5,620			\$5,620
2024 VOCA - IT Services	Computer Network Connections with/ITD support & printers Web System, Data Infrastructure and Data Storage Services		\$2,466.67 per month x 12 months = \$29,600			\$29,600			\$29,600

<b>Budget Total</b>	\$170,414		\$207,190		\$38,285		\$415,889
<b>Allocation Plan Total</b>	\$170,414	\$0	\$207,190	\$0	\$38,285	\$0	\$415,889
<b>Over/Under</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**VW24029401**

Total Funding: \$415,889.00

**Counties**

County Name	%	Funding Amount
Kings	100%	\$415,889.00

**Congressional Districts**

County Name	%	Funding Amount
CD 20	15%	\$62,383.35
CD 22	85%	\$353,505.65



## State Assembly Districts

County Name	%	Funding Amount
AD 1	%	
AD 2	%	
AD 3	%	
AD 4	%	
AD 5	%	
AD 6	%	
AD 7	%	
AD 8	%	
AD 9	%	
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AD 32	%	
AD 33	100%	\$415,889.00
AD 34	%	
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AD 77	%	

AD 78	%	
AD 79	%	
AD 80	%	

**State Senate Districts**

County Name	%	Funding Amount
SD 16	100%	\$415,889.00

# Application Signatures Form

## Assurances/Signatures

### **Certification of Proof of Authority \***

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.

### **Standard Certification of Compliance \***

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### **Program Standard Assurance Addendum \***

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

### **Federal Fund Grant Subaward Assurances Certification \***

By checking this box, I certify I have read all applicable Federal Fund Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### **California Public Records Act \***

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: 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.

### **Authorized Agent**

**Name:**

**Title:**

**Signature:**

**Date:**

### **Cal OES Signatures**

I hereby certify upon my personal knowledge that budget funds are available for the period and purposes of this expenditure stated in this application

**Cal OES Fiscal Officer**

**Date Executed:**

**Signature:**

I hereby certify upon my personal knowledge that budget funds are available for the period and purposes of this expenditure stated in this application

**Cal OES Director or Designee**

**Date Executed:**

**Signature:**