

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES****GRANT SUBAWARD AMENDMENT**

SUBAWARD #: XC16010450

Federal Grant # \_\_\_\_\_ FIPS# 089-00000 Amendment# 1  
 Project # N/A DUNS# 103497280 Performance Period 07/01/2016 to 12/31/2019

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the  
 Grant Subrecipient: County of Shasta

Grant Subaward XC16010450 between the parties hereto is hereby amended to:

Increase the 2017 VOCA funds by \$195,460 from \$ 0 to \$195,460;  
 Increase the 2017 VOCA match by \$48,865 from \$ 0 to \$48,865;  
 Increase the Total Project Cost by \$244,325 from \$336,358 to \$580,683.

Change the Performance Period of Subaward from 6/30/18 to 12/31/19

**SPECIAL CONDITIONS:**

The 2015 VOCA funds in the amount of \$269,086 and 2015 VOCA Match in the amount of \$269,086 must be expended by 6/30/18 and the final 2-201 must be submitted by 8/31/2018.

The 2017 VOCA funds in the amount of \$195,460 and 2017 VOCA Match in the amount of \$48,865 must be expended by 12/31/2019 and the final 2-201 must be submitted by 2/28/2020.

All other provisions of this agreement shall remain as previously agreed upon.

| Subrecipient (Certification and Signature of Authorized Agent)  |                   |                   |         |             |
|---|-------------------|-------------------|---------|-------------|
| By (Authorized Signature)   |                   | Date              |         |             |
|   |                   |                   |         |             |
| Printed Name  |                   | Title             |         |             |
| STEPHANIE BRIDGETT  |                   | DISTRICT ATTORNEY |         |             |
| Address   |                   |                   |         |             |
| 1355 WEST STREET, REDDING CA 96001  |                   |                   |         |             |
| Governor's Office of Emergency Services (For Cal OES use only)  |                   |                   |         |             |
| By Director or Designee   |                   | Date              |         |             |
|   |                   |                   |         |             |
| Printed Name  |                   | Title             |         |             |
|   |                   |                   |         |             |
| Amount Encumbered by this Document  | Program/Component | Match             | Item    |             |
|   |                   |                   |         |             |
| Prior Amount Encumbered   | Fund Source       | Chapter           | Statute | Fiscal Year |
|   |                   |                   |         |             |
| Total Amount Encumbered to Date   | PCA #             | Project #         | CFDA #  |             |
|   |                   |                   |         |             |
| I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above. |                   |                   |         |             |
| Signature of Cal OES Fiscal Officer   |                   | Date              |         |             |
|   |                   |                   |         |             |

# GRANT SUBAWARD MODIFICATION

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

1. Subaward #: XC16010450  
2. Modification # 2

3. Subrecipient/Implementing Agency: County of Shasta, District Attorney's Office  
4. Project Title: County Victim Services (XC) Program  
5. Contact Person: Angela Mellis Phone: 530-245-6234 Fax: 530-225-5484  
Email Address: amellis@co.shasta.ca.us 6. Performance Period: 7/1/2016 to 12/31/2019  
7. Payment Mailing Address: 1355 West St. Redding, CA. 96001 ☐ Check here if new.

## 8. Revision to Budget

| FISCAL YEAR   | Current Allocation<br>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   | \$221,830            | \$47,256              |              | \$269,086  |                      | \$67,272              |              | \$67,272    | \$336,358 |
| 17  | VOCA   |                      |                       |              | \$0        |                      |                       |              | \$0         | \$0       |
| Yr  | Fund   |                      |                       |              | \$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       |
| 17  | VOCA   | \$152,034            | \$43,426              |              | \$195,460  |                      | \$48,865              |              | \$48,865    | \$244,325 |
| Yr  | Fund   |                      |                       |              | \$0        |                      |                       |              | \$0         | \$0       |
| Yr  | Fund   |                      |                       |              | \$0        |                      |                       |              | \$0         | \$0       |
| Yr  | Fund   |                      |                       |              | \$0        |                      |                       |              | \$0         | \$0       |
| <b>Revised Allocation</b>   |  |                      |                       |              |            |                      |                       |              |             |           |
| 15  | VOCA   | \$221,830            | \$47,256              | \$0          | \$269,086  | \$0                  | \$67,272              | \$0          | \$67,272    | \$336,358 |
| 17  | VOCA   | \$152,034            | \$43,426              | \$0          | \$195,460  | \$0                  | \$48,865              | \$0          | \$48,865    | \$244,325 |
| Yr  | Fund   | \$0                  | \$0                   | \$0          | \$0        | \$0                  | \$0                   | \$0          | \$0         | \$0       |
| 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  
Add \$195,460 VOCA 17 funds and add \$48,865 match. Extend Term to 12/31/2019.

## 10. Subrecipient Approvals

Stephanie Bridgett

Project Director (typed name)

Brian Muir

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