

**OFFICE OF THE CITY ADMINISTRATIVE OFFICER**  
Review of Grant Award and Acceptance Determination

<b>Recipient City Department:</b> The Office of the City Attorney		<b>Award Notification Date:</b> April 2015	
<b>Grant Award Title:</b> Underserved Victim Advocacy and Outreach		<b>Grant Amount:</b> \$4,733 <b>Prior Grant Award(s):</b> \$125,000	
<b>Awarding Agency:</b> California Office of Emergency Services			
<b>Grant Agreement Number/Reference:</b>	<b>Performance Start Date:</b> October 1, 2014	<b>Performance End Date:</b> September 30, 2015	
<b>Purpose:</b> The Office of the City Attorney requests authority to accept grant funding from the California Office of Emergency Services. Funding in the amount of \$129,733 will provide for the Underserved Victim Advocacy and Outreach (UVAO) Program. The Council previously authorized the City Attorney to accept grant funding in the amount of \$125,000 (C.F. 15-0249) for the FY 2014-15 UVAO. This request is to accept an additional \$4,733 in grant funding for a total of \$129,733 for the FY 2014-15 UVAO.			

<b>Checklist for Grant Acceptance:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
<b>1. Authority for Grant Acceptance</b>				
• Department requests acceptance of the Grant	X			( ) Terms/Conditions outlined in Award Notice/Grantor Agreement
<b>2. Match Requirement Review</b>				
• Match Sources Identification completed	X			( ) Obtain match requirements from Award Notice/Grantor Agreement
• Additional Funds requested		X		( ) Submit to CAO for review
<b>3. Charter Section 1022 Determination</b>				
• Charter Section 1022 findings completed			X	( ) Submit to CAO for review and determination
<b>4. Provisions for Grant-Funded Contracts</b>				
• Standard and Grantor Provisions or equivalent language is included			X	( ) Incorporate Provisions or Language into proposed agreement
• Pro Forma Agreement RFP <input type="checkbox"/> MOU <input type="checkbox"/> PSA <input type="checkbox"/>			X	( ) Submit to City Attorney for review and approval; copy to CAO
<b>5. Personnel Authorities</b>				
• Department has submitted a request for position(s)		X		( ) Review documents and make determination
<b>6. Grant Implementation Recommendations</b>				
• Department has submitted grant implementation instructions	X			( ) Submit to CAO for review
<b>7. Controller Instructions for Fund/Accounts Set-Up</b>				
• Department has requested Funds/Accounts Set-up	X			
<b>8. Governing Body Resolution/Certification</b>				
• Department has submitted Resolution/Certification			X	( ) Submit to CAO and City Attorney for review
<b>9. Fiscal Impact Analysis</b>				
• Department has submitted Fiscal Impact Statement	X			( ) Submit to CAO for review and determination

**OFFICE OF THE CITY ADMINISTRATIVE OFFICER**  
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**10. Grant Award Summary**

The Office of the City Attorney requests approval to accept an additional \$4,733 in grant funding for the Underserved Victim Advocacy and Outreach (UVAO) Program. The Council previously authorized the City Attorney to accept grant funding in the amount of \$125,000 (C.F. 15-0249) for the FY 2014-15 UVAO. Since then, the California Governor's Office of Emergency Services (Cal OES) has identified surplus funds and distributed the funds to the grantees. As a result, an additional \$4,733 was awarded to the City of Los Angeles for a total of \$129,733 in FY 2014-15 UVAO grant funds for the grant performance period of October 1, 2014 to September 30, 2015.

The total cost of the program is \$151,986, of which \$129,733 will be reimbursed to the General Fund as follows: \$66,228 in salaries for one Witness Service Coordinator, \$24,312 in fringe benefits, and \$39,193 in expenses. The additional \$4,733 in grant funding is budgeted for expenses as follows: \$706 for office supplies, \$1,175 for staff development to attend a conference, \$621 for the Emergency Fund, and \$2,231 for printing brochures.

The grant guidelines requires a 20 percent match. The additional grant funding in the amount of \$4,733 increases the match requirement by \$1,183, from \$12,500 to \$13,683, which the City satisfies through volunteer hours. In addition, the General Fund will have to bear \$8,570 in overhead costs, which includes \$2,775 for central services and \$5,795 for department administration, not reimbursed by the grant.

**11. Recommendations**

Pursuant to a review of departmental recommendations for this grant, please provide a complete list of necessary actions for implementation including acceptance of the award by the City, Controller instructions for fund and accounts set-up, coordination of project activities, etc.

That the Council, subject to the approval of the Mayor:

1. Approve and authorize the City Attorney or his designee to execute an amendment to the contract between the City and the California Office of Emergency Services (Cal OES) for the Fiscal Year 2014-15 Underserved Victim Advocacy and Outreach Program (FY 2014-15 UVAO), to increase the contract amount by \$4,733 from \$125,000 to \$129,733 for the period of October 1, 2014 to September 30, 2015, subject to the approval of the City Attorney as to form and legality;
2. Authorize the City Attorney or his designee to accept additional grant funding in the amount of \$4,733 from the Cal OES for the FY 2014-15 UVAO;
3. Authorize the Controller to:
  - a. Increase the receivable within Fund 368 for the FY 2014-15 UVAO in the amount of \$4,733;
  - b. Increase appropriation account 12L401 - UV Program by \$4,733;
4. Authorize the City Attorney to prepare Controller instructions for any necessary technical adjustments subject to the approval of the City Administrative Officer and authorize the Controller to implement the instructions.

**12. Fiscal Impact Statement**

**Yes** This Office finds that the Grant complies with City financial policies as follows (see below):

**No** This Office finds that the Grant does not comply with City financial policies as follows (see below):

The total cost of the Underserved Victim Advocacy and Outreach Program is \$151,986, of which \$129,733 will be reimbursed by the California Office of Emergency Services for salaries, fringe benefits and expenses. The General Fund impact will be \$8,570 in related costs for central services and department administration, which are not reimbursed by the grant. The grant's match requirement of \$13,683 will be met through volunteer hours. The acceptance of the use of the grant funds is consistent with the City's Financial Policies in that budgeted appropriations will be balanced against receipts expected from the continuation of the grant.

<i>Marissa C. Legaspi</i>	<i>Geoff Ross</i>	<i>[Signature]</i>	<i>6/24/15</i>
CAO Analyst	Chief	CAO/Assistant CAO	Date



**MICHAEL N. FEUER**  
CITY ATTORNEY

May 18, 2015

The Honorable Eric Garcetti  
Mayor of Los Angeles  
City Hall  
Los Angeles, CA 90012  
Attention: Cary Gross

Honorable City Council  
City of Los Angeles  
City Hall  
Los Angeles, CA 90012  
Attention: Holly Wolcott

2015 JUN -2 PM 4:22  
CITY ADMINISTRATIVE OFFICER

**Re: FY 2015 Underserved Victim Advocacy and Outreach Program  
Fifth Year Continuation Funding CF #15-0249**

Contact persons: Michiko Reyes Tel. 213 978-7020  
Derek Tennell Tel. 213 978-2070

Dear Mayor Garcetti and Honorable Members of City Council:

The Office of the City Attorney is transmitting for your approval its request to accept grant augmentation funding totaling \$4,733 under the FY 2015 Underserved Victim Advocacy and Outreach (UVAO) program. Council previously accepted \$125,000 for FY 2015 on 4/14/2015 (Council File #15-0249).

The augmentation funds arise from a CalOES grant surplus, with even distribution among UVAO grantees. The budget breakdown for the \$4,733 allocation to the City Attorney's Office is:

- Office Supplies \$ 706
- Conference/Staff Development \$ 1,175
- Emergency Fund \$ 621
- Printing of Brochures \$ 2,231

There is a 20% required match of \$1,183. The match requirement is satisfied through trained volunteer hours therefore there is no General Fund impact.

The Honorable Eric Garcetti  
Honorable City Council  
May 18, 2015  
Page 2

We, therefore, request that the City Council, subject to the approval of the Mayor:

1. **AUTHORIZE** the City Attorney or his designee to **ACCEPT** augmentation in the amount of \$4,733 during the term of the Underserved Victim Advocacy and Outreach grant agreement between the City and CalOES.

2. **AUTHORIZE** the Controller to:

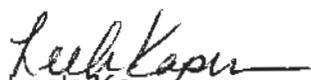
- Increase the receivable by \$4,733 within Fund 368, Department 12.
- Increase the following Appropriation Accounts within Fund 368, Department 12:

Account 12L401 – FY 14-15 UV Program \$ 4,733

3. **AUTHORIZE** the City Attorney or his designee to prepare Controller instructions for any necessary technical adjustments, subject to the approval of the City Administrative Officer, and instruct the Controller to implement the instructions.

Thank you for your consideration to this matter. Should you have any questions or require assistance please contact Michiko Reyes at (213) 978-7020 or Derek Tennell at (213) 978-2070.

Sincerely,

  
Leela Kapur  
Chief of Staff

cc: Miguel Santana, CAO  
Mara Legaspi, CAO

## City of Los Angeles Grant Award Notification and Acceptance

<b>Recipient Department</b>				
This Grant Award is: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation/Renewal <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Revision <input type="checkbox"/> Sub-Allocation				
Grants Coordinator: Janette Flintoft		E-Mail: janette.flintoft@lacity.org		Phone: 213-215-5808
Project Manager: Derek Tennell		E-Mail: derek.tennell@lacity.org		Phone: 213-978-8100
Department/Bureau/Agency: City Attorney			Date: May 18, 2015	
<b>Grant Information</b>				
Name of Grantor: VOCA			Pass Through Agency: CalEMA	
Grant Program Title: Underserved Victim Advocacy and Outreach			Notification of Award Date: 04/15	
Funding Source (Public or Private): <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Foundation <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Grant Type: <input type="checkbox"/> Formula/Block <input checked="" type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Other	Funds Disbursement: <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement	Agency's Grant ID: CFDA # CF 15-2049 Other ID # _____ eCivis ID# _____	
Match Requirement: <input checked="" type="checkbox"/> None <input type="checkbox"/> Recommended <input type="checkbox"/> Mandatory   _____ Amount = _____ % Match				
Match Type: <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind   Identify Source of Match: _____				
<b>Fiscal Information:</b>	Awarded Funds \$129,733	Match/In-Kind Funds \$13,683	Additional/Leveraged Funds \$8,570	Total Project Budget \$151,986
<b>Approved Grant Budget Summary:</b>				
Category	Awarded	Match	Additional	Explanation
Personnel				
Salaries	66,226			
Fringe Benefits	24,312			
Indirect			8,570	Grant does reimburse for indirect costs
Equipment				
Materials/Supplies	5327			
Travel	2,685			
Contractual Services	31,181			
Other		13,683		volunteer hours; no general fund impact
Total:	129,733	13,683	8,570	
<b>Approved Project</b>				
Descriptive Title of Funded Project: Underserved Victim Advocacy and Outreach Program				
Performance Period Start/End Dates (Month/Day/Year): Start: 10/01/14   End: 09/30/15		Citywide: <input checked="" type="checkbox"/> Affected Council District(s): Citywide Affected Congressional District(s): Citywide		
Purpose: <input type="checkbox"/> Capital/Infrastructure <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Program <input type="checkbox"/> Planning/Training <input type="checkbox"/> Pilot/Demonstration				
Identify Internal Partners (City Department/Bureau/Agency): LAPD				
Identify External Partners: Los Angeles Gay and Lesbian Center, sexual assault victim agencies, domestic violence victims agencies, Legal Aid Foundation of Los Angeles, child abuse victim agencies, and other crime victim service agencies and groups (etc.)				
<b>Summary</b>				
Please provide a project summary including goals, objectives (metrics), specific outcomes, and briefly describe the activities that will be used to achieve these goals. You may attach an additional sheet of paper if necessary.				
CalOES has awarded the City Attorney \$4,733 in surplus funding that will be applied to office supplies, staff training and development, addition resources for the Emergency Fund, office supplies, and brochure printing.				

## City of Los Angeles Grant Award Notification and Acceptance

<b>Fiscal Impact Statement</b>
Please describe how the acceptance of this grant will impact the General Fund. Provide details on any additional funding that may be required to implement the project/program funded by this grant.
<b>There is no General Fund impact.</b>

<b>Acceptance Packet</b>						
The above named Department has received an award for the Grant Program identified above, accepts full responsibility for the coordination and management of all Grant funds awarded to the City, and will adhere to any policies, procedures and compliance requirements set forth by the Grantor and its related agencies or agents, as well as those of the City, and its financial and administrative departments. The following items comprise the Acceptance Packet and are attached for review by the CAO Grants Oversight Unit:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Grant Award Notification and Acceptance</td> <td style="width: 50%;"><input type="checkbox"/> Copy of Award Notice</td> </tr> <tr> <td><input checked="" type="checkbox"/> Grant Project Cost Breakdown (Excel Document)</td> <td><input checked="" type="checkbox"/> Copy of Grant Agreement (if applicable)</td> </tr> <tr> <td><input type="checkbox"/> Detail of Positions and Salary Costs (Excel Document)</td> <td><input type="checkbox"/> Additional Documents (if applicable)</td> </tr> </table>	<input type="checkbox"/> Grant Award Notification and Acceptance	<input type="checkbox"/> Copy of Award Notice	<input checked="" type="checkbox"/> Grant Project Cost Breakdown (Excel Document)	<input checked="" type="checkbox"/> Copy of Grant Agreement (if applicable)	<input type="checkbox"/> Detail of Positions and Salary Costs (Excel Document)	<input type="checkbox"/> Additional Documents (if applicable)
<input type="checkbox"/> Grant Award Notification and Acceptance	<input type="checkbox"/> Copy of Award Notice					
<input checked="" type="checkbox"/> Grant Project Cost Breakdown (Excel Document)	<input checked="" type="checkbox"/> Copy of Grant Agreement (if applicable)					
<input type="checkbox"/> Detail of Positions and Salary Costs (Excel Document)	<input type="checkbox"/> Additional Documents (if applicable)					

Department Head Name: Mary Clare Molidor	Department Head Signature: 	Date: 4/2/2015
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### FOR CAO USE ONLY

The Office of the City Administrative Officer, Grants Oversight Unit has reviewed the information as requested, and has determined that the Acceptance Packet is:
<input checked="" type="checkbox"/> Complete The Acceptance Packet has been forwarded to appropriate CAO analyst <input type="checkbox"/> Returned to Department (Additional information/documentation has been requested.) <input type="checkbox"/> Flagged (See comments below.)

Comments:
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CAO Grants Oversight Unit Signature:	Date: 6/23/15
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**Grant Award Notification and Acceptance  
Grant Project Cost Breakdown**

Grant Name: Underserved Victim Advocacy and Outreach		Additional Costs**			Department:	
Grant Project Breakdown		Grant Funds	City Funds	Non-City Funds	Total	Comments
<b>Salaries</b>						
1010 Salaries General		66,228			66,228	
1020 Salaries Grant Reimbursed					-	
Other Volunteer Hours				13,683	13,683	
1090 Overtime					-	
<b>Salaries Total:</b>		\$ 66,228	\$ -	\$ 13,683	\$ 79,911	
<b>Related Costs*</b>						
	<b>CAP Rate</b>					
Fringe Benefits	36.71%	24,312			24,312	24,312.30
Department Administration	4.19%			2,775	2,775	2,774.95
Central Services	8.75%			5,795	5,795	5,794.95
<b>Related Costs Total:</b>		\$ 24,312	\$ 0	\$ 8,570	\$ 32,882	
<b>Expense</b>						
2120 Printing & Binding		2,231			2,231	
2130 Travel		2,685			2,685	
3040 Contractual Services		31,181			31,181	
3310 Transportation					-	
4160 Governmental Meetings					-	
6010 Office Supplies		2,096			2,096	
6020 Operating Supplies					-	
7300 Equipment					-	
Other Emergency Fund		1,000			1,000	
					-	
					-	
<b>Expenses Total:</b>		\$ 39,193	\$ -	\$ -	\$ 39,193	
<b>Grand Total:</b>		\$ 129,733	\$ -	\$ 22,253	\$ 151,986	
*Please use the full Cost Allocation Plan (CAP) rates unless disallowed by the Grantor. CAP rates should be applied to Gross Salaries (including Compensated Time Off.)						
**Other sources of funding. Please indicate whether these funds are part of a match requirement and whether they are already provided or new funding is required.						

**Grant Award Notification and Acceptance  
Grant Project Cost Breakdown**

Grant Name: Underserved Victim Advocacy and Outreach		Additional Costs**			Department: _____	
Grant Project Breakdown	Grant Funds	City Funds	Non-City Funds	Total	Comments	
<b>Salaries</b>						
1010 Salaries General	66,228			66,228		
1020 Salaries Grant Reimbursed						
Other Volunteer Hours			13,683	13,683		
1090 Overtime						
<b>Salaries Total:</b>	<b>\$ 66,228</b>	<b>\$ -</b>	<b>\$ 13,683</b>	<b>\$ 79,911</b>		
<b>Related Costs*</b>						
	<b>CAP Rate</b>					
Fringe Benefits	36.71%	24,312		24,312		24,312.30
Department Administration	4.19%		2,775	2,775		2,774.95
Central Services	8.75%		5,795	5,795		5,794.95
<b>Related Costs Total:</b>		<b>\$ 24,312</b>	<b>\$ 0</b>	<b>\$ 8,570</b>	<b>\$ 32,882</b>	
<b>Expense</b>						
2120 Printing & Binding		2,231		2,231		
2130 Travel		2,685		2,685		
3040 Contractual Services		31,181		31,181		
3310 Transportation				-		
4160 Governmental Meetings				-		
6010 Office Supplies		2,096		2,096		
6020 Operating Supplies				-		
7300 Equipment				-		
Other Emergency Fund		1,000		1,000		
				-		
				-		
<b>Expenses Total:</b>		<b>\$ 39,193</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 39,193</b>	
<b>Grand Total:</b>		<b>\$ 129,733</b>	<b>\$ -</b>	<b>\$ 22,253</b>	<b>\$ 151,986</b>	
<p>*Please use the full Cost Allocation Plan (CAP) rates unless disallowed by the Grantor. CAP rates should be applied to Gross Salaries (including Compensated Time Off.)</p> <p>**Other sources of funding. Please indicate whether these funds are part of a match requirement and whether they are already provided or new funding is required.</p>						

# Cal OES Grant Award Modification

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

Check correct unit:

Criminal Justice       DV, SA, YW & Children's

1. Award # UV14057250  
2. Modification #: 2

(Indicate unit on envelope)

3. Recipient/Implementing Agency Office of the City Attorney
4. Project Title: Underserved Victim Advocacy and Outreach Program
5. Contact Person: Michiko M. Reyes Phone: (213) 978-7020 Ex: \_\_\_\_\_ Fax: 978-2093  
Email Address: michiko.reyes@lacity.org
6. Grant Period: 10/01/2014 to 09/30/2015
7. Payment Mailing Address: 200 N Main Street, 8th Floor Los Angeles, CA 90012  Check here if new.

## 8. Revision to Budget

Grant	Current Allocation (CA) 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	
14	VOCA	\$52,759	\$34,460		\$87,219	\$8,722			\$8,722	\$95,941
12	VOCA	\$37,781			\$37,781	\$3,778			\$3,778	\$41,559
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change (PC)</b> [add (+) or subtract (-) from budgeted amount]										
14	VOCA		\$4,733		\$4,733	\$1,183			\$1,183	\$5,916
12	VOCA				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation (RA)</b>										
14	VOCA	\$52,759	\$39,193	\$0	\$91,952	\$9,905	\$0	\$0	\$9,905	\$101,857
12	VOCA	\$37,781	\$0	\$0	\$37,781	\$3,778	\$0	\$0	\$3,778	\$41,559
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

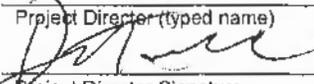
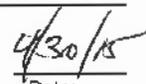
Check when completed

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

This formal request serves to reflect an increase in grant funding. Please refer to Section 8 for detailed justification. All requested adjustments within line items are based on legitimate program costs and are in accordance with the program provisions and to maximize expenditures.

10. Local Approvals

Derek Tennell      Michiko M Reyes  
Project Director (typed name)      Financial Officer (typed name)

            \_\_\_\_\_  
Project Director Signature      Date: 4/30/15      Financial Officer Signature      Date: \_\_\_\_\_

**Cal OES USE ONLY**

Cal OES Approval Signatures

Program Specialist \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

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

# CAL OES GRANT AWARD MODIFICATION

## Cal OES 2-223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions\*
- Increases/Decreases to Grant Funds\*
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address
- Agency Name Change\*

\*requires submission of a Grant Award Amendment form

- 1. GRANT AWARD NUMBER**  
Enter the Grant Award number as it appears at the top of the approved "Grant Award Face Sheet."
- 2. MODIFICATION NUMBER:**  
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
- 3. RECIPIENT/IMPLEMENTING AGENCY:**  
Enter the grant recipient and implementing agency names as they appear on lines 1 & 2 of the approved "Grant Award Face Sheet".
- 4. PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet."
- 5. CONTACT PERSON:**  
Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.
- 6. GRANT PERIOD**  
Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.
- 7. ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.
- 8. REVISION TO BUDGET:**  
If this modification affects the budget, select the grant year and program acronym from the drop down lists under Current Allocation (if unsure what the acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any and total across. Enter the proposed change amounts and total. (If your calculations are correct your totals will be 0). Enter the revised allocation amounts in the Revised Allocation section.
- 9. JUSTIFICATION FOR MODIFICATION:**  
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.
- 10. LOCAL APPROVAL NAME AND SIGNATURES:**  
Please type the names of and provide original signatures for the Project Director and the Financial Officer as shown on the "Signature Authorization Form (Cal OES 2-103)." This is requirement for all modification requests.

FEDERAL PROJECT ACRONYMS							
<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>ICAC</b>	Internet Crimes Against Children	<b>PSNC</b>	Project Safe Neighborhood - Central	<b>VAWA</b>	Violence Against Women Act - Services*Training* Officers*Prosecutors(STOP)
<b>CJA0</b>	Child Justice Act	<b>JAG0</b>	Justice Assistance Grant	<b>PSNE</b>	Project Safe Neighborhood - Eastern	<b>VOCA</b>	Victims of Crime Act
<b>DNAP</b>	Post-conviction DNA Testing Assistance Program	<b>JAGI</b>	Recovery Grant - Justice Assistance Grant Interest	<b>PSNN</b>	Project Safe Neighborhood - Northern		
<b>FSIA</b>	Forensic Sciences Improvement	<b>JAGR</b>	Recovery Act - Justice Assistance Grant	<b>RSAT</b>	Residential Sub Abuse Treatment		
<b>FVPS</b>	Family Violence Preventive Services	<b>JAGX</b>	Justice Assistance Grant	<b>SASP</b>	Sexual Assault Services Program		
STATE PROJECT ACRONYMS							
<b>DVP0</b>	Domestic Violence	<b>HY00</b>	Homeless Youth	<b>VLRC</b>	Victims Legal Resource Center		
<b>CSAE</b>	Child Sexual Abuse & Exploitation	<b>LSPA</b>	Local Safety and Protection Account	<b>VWA0</b>	Victim Witness Assistance		
<b>CSAP</b>	Child Sexual Abuse Treatment/Training	<b>PPPD</b>	Public Prosecution / Defend Training	<b>YET0</b>	Youth Emergency Telephone		
<b>EPSD</b>	Equality in Preventive Service	<b>RCP0</b>	Rape Crisis Program				
<b>FV00</b>	Family Violence Prevention	<b>RCP5</b>	Rape Crisis Program				

## Cal OES GRANT AWARD MODIFICATION

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

During year five of the UV grant cycle, the project received an increase in grant funding, which also required a 20% in-kind match obligation from the City of Los Angeles. The 14 VOCA funds were increased by \$4,733 from \$125,000 to \$129,733. The 14 VOCA match funds were increased by \$1,183 from \$12,500 to \$13,683. The total project cost increased from \$137,500 to \$143,416.

The additional \$4,733 funds will be applied towards operating expenses. The project intends to increase budget amounts for office supplies (from \$600 to \$1,306) and victim emergency funds (from \$379 to \$1,000). The added funding will also pay for staff to attend two additional local trainings, with the total travel and training cost increasing from \$1,510 to \$2,685. The remaining balance (\$2,231) of the additional funding will be allocated towards printing of outreach cards, which project staff will then use to distribute to victims and community members in an effort to increase UV program awareness.

The required in-kind match of \$1,183 from the City of Los Angeles will be applied towards personal services, in the form of community volunteer time. Community volunteer time will increase by approximately 79 hours from 834 hours to 913 hours.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

**GRANT AWARD AMENDMENT**

Cal OES GRANT AWARD # **UV14057250**

Federal Grant # UV14057250 FIPS# \_\_\_\_\_ Amendment# 2  
 Project # \_\_\_\_\_ DUNS# 156092066 Recipient Performance Period 10/01/14 to 09/30/15

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Grant Recipient: City of Los Angeles

The Recipient agrees to the amendment of this Grant Award Agreement as specified below:

Grant Award Agreement UV14057250 between the parties hereto is hereby amended to:

Increase the 14 VOCA funds by \$4,733 from \$125,000 to \$129,733.

Increase the 14 VOCA match by \$1,183 from \$12,500 to \$13,683

This increases the total project cost from \$137,500 to \$143,416.

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

Recipient (Certification and Signature of Authorized Agent)				
By (Authorized Signature)		Date		
Printed Name		Title		
Michael N. Feuer		City Attorney		
Address				
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		