

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

Recipient City Department: The Office of the City Attorney		Award Notification Date: June 2014	
Grant Award Title: Victim Assistance Program		Grant Amount: \$1,044,451 Prior Grant Award(s): \$962,338	
Awarding Agency: Los Angeles County			
Grant Agreement Number/Reference:	Performance Start Date: 07/01/14	Performance End Date: 06/30/15	
Purpose: The Office of the City Attorney is requesting authority to accept grant funding from the County of Los Angeles for the Victim Assistance Program (VAP). Funding in the amount of \$1,044,451 will provide for the continuation of victim services from July 1, 2014 to June 30, 2015. The Council previously authorized the City Attorney to accept grant funding in the amount of \$993,333 (C.F. 14-1423) for the FY 2014-15 VAP. This request is to accept an additional \$51,118 in grant funding for a total of \$1,044,451 for the FY 2014-15 VAP.			

Checklist for Grant Acceptance:	Yes	No	N/A	Comments
1. Authority for Grant Acceptance				
• Department requests acceptance of the Grant	X			() Terms/Conditions outlined in Award Notice/Grantor Agreement
2. Match Requirement Review				
• Match Sources Identification completed	X			() Obtain match requirements from Award Notice/Grantor Agreement
• Additional Funds requested		X		() Submit to CAO for review
3. Charter Section 1022 Determination				
• Charter Section 1022 findings completed			X	() Submit to CAO for review and determination
4. Provisions for Grant-Funded Contracts				
• 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
5. Personnel Authorities				
• Department has submitted a request for position(s)		X		() Review documents and make determination
6. Grant Implementation Recommendations				
• Department has submitted grant implementation instructions	X			() Submit to CAO for review
7. Controller Instructions for Fund/Accounts Set-Up				
• Department has requested Funds/Accounts Set-up	X			
8. Governing Body Resolution/Certification				
• Department has submitted Resolution/Certification			X	() Submit to CAO and City Attorney for review
9. Fiscal Impact Analysis				
• Department has submitted Fiscal Impact Statement	X			() Submit to CAO for review and determination

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10. Grant Award Summary

The Office of the City Attorney is requesting approval to accept an additional \$51,118 in grant funding for the 35th year of the Victim Assistance Program (VAP). The Council previously authorized the City Attorney to accept grant funding in the amount of \$993,333 (C.F. 14-1423). Since then, the California Governor's Office of Emergency Services (Cal OES) grant award to the County of Los Angeles has increased to \$4,177,805 to provide victim-witness services. As a result, \$1,044,451 will be awarded by the County of Los Angeles to the City Attorney's Office as a sub-recipient for the grant period of July 1, 2014 to June 30, 2015.

The total cost of the program is \$1,358,922, of which \$1,044,451 will be reimbursed to the General Fund as follows: \$748,919 in salaries, \$245,902 in fringe benefits, and \$49,630 in expenses. The remaining cost of \$314,471 is the City's contribution for related costs (central services and department administration). The additional \$51,118 in grant funding is primarily budgeted for expenses, including new computers, software, printing program brochures, and increased funding for the emergency fund.

The grant guidelines requires a 20 percent match from the City in the amount of \$146,092. The City meets the match requirement as part of the City's contribution for related costs (central services and department administration) in the amount of \$314,471.

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 County of Los Angeles for the Fiscal Year 2014-15 Victim Assistance Program (FY 2014-15 VAP), to increase the contract amount by \$51,118 from \$993,333 to \$1,044,451 for the period of July 1, 2014 to June 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 \$51,118 from the County of Los Angeles for the FY 2014-15 VAP;
3. Authorize the Controller to:
 - a. Increase the receiveable within Fund 368 for the FY 2014-15 VAP in the amount of \$51,118;
 - b. Increase appropriation account 12L301 - Victim Assistance Program by \$51,118;
4. Transfer up to \$980,412 from Fund 368, Department 12, Account 12L301 to Fund 100, Department 12, Account 5301, Reimbursement from Other Funds/Depts upon receipt of grant funds for reimbursement of salaries and fringe benefits; and,
5. 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 Victim Assistance Program is \$1,358,922, of which \$1,044,451 will be reimbursed by the County of Los Angeles for salaries, operating expenses, and fringe benefits. The General Fund impact will be \$314,471 in related costs for central services and department administration. 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>MaRaissa C. Legaspi</i> CAO Analyst	<i>Walt Loran</i> Chief	<i>[Signature]</i> CAO/Assistant CAO	<i>5/12/15</i> Date
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MIKE FEUER
CITY ATTORNEY

April 1, 2015

The Honorable Eric Garcetti
Mayor of Los Angeles
City Hall
Los Angeles, CA 90012
Attention: Pamela Finley

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

**Re: Victim Assistance Program (VAP) Grant for Fiscal Year 2014-15
Council File No. 07-1232**

Contact persons: Michiko Reyes Tel. 213 978-7020
Kathy Colobong Tel. 213 978-2167

Dear Mayor Garcetti and Honorable Members of City Council:

The Office of the City Attorney is transmitting for your review and approval a grant augmentation to the FY 2014 -15 Victim Assistance Program (VAP), Council File #07-1232. The original grant allocation to the City totaled \$993,333 and has now increased to \$1,044,451.

The California Governor's Office of Emergency Services (Cal OES) has advised the County of Los Angeles (the prime recipient of grant funds) regarding eligibility to receive additional funding. As a result, the County has been awarded \$ 4,177,805 from the State and has confirmed its intent to make \$ 1,044,451 (25%) available to the City as a sub-recipient for the continued operation of VAP for FY 2014-15.

The addition of \$51,118 in grant funds will enhance the continuation of victim services at ten locations in the City through the procurement of new computers, software, printing expenses for program brochures in English and Spanish, and an increase to the victim emergency fund resources.

Honorable Eric Garcetti
City Council
April 1, 2015
Page Two

The total cost to the City Attorney's Office to operate VAP is \$ 1,358,922, which includes a general fund contribution of \$314,471. The general fund contribution is partially comprised a required match of 20% (\$146,092) and an additional \$168,379 necessary to satisfy the total program cost to effectively administer this grant.

The City will be reimbursed by the County of Los Angeles with moneys received from the Cal OES. Grant funds of \$1,044,451 will be used as follows:

- Salary \$ 748,919
- Fringe Benefits \$ 245,902
- Materials/Supplies \$ 47,130
- Operating Expenses \$ 2,500

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

1. Authorize the City Attorney or designee to **ACCEPT** the additional funding in the amount of \$51,118 from the County of Los Angeles.
2. That the City Council, subject to the approval of the Mayor, **AUTHORIZE** the Controller to:
 - a. Increase the receivable for this program by \$ 51,118 from the County of Los Angeles;
3. Authorize the City Attorney or designee to prepare Controller instructions for any necessary technical adjustments, subject to the approval of the City Administrative Officer.

Thank you for your consideration in this matter.

Very truly yours,


Leela Kapur
Chief of Staff

cc: Michiko M. Reyes
Derek Tennell
Kathy Colobong
Maria Legaspi - CAO

City of Los Angeles Grant Award Notification and Acceptance

Recipient Department				
This Grant Award is: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation/Renewal <input type="checkbox"/> Supplemental <input type="checkbox"/> Revision <input checked="" 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: 213-978-2177
Department/Bureau/Agency: City Attorney			Date: 07/08/2014	
Grant Information				
Name of Grantor: CalOES			Pass Through Agency: LA County District Attorney	
Grant Program Title: Victim Assistance Program (VAP)			Notification of Award Date: June, 2014	
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 checked="" type="checkbox"/> Formula/Block <input type="checkbox"/> Competitive/Discretionary <input type="checkbox"/> Other	Funds Disbursement: <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement	Agency's Grant ID: CFDA # _____ Other ID # <u>C.F. No. 07-1232</u> eCivis ID# _____	
Match Requirement: <input type="checkbox"/> None <input type="checkbox"/> Recommended <input type="checkbox"/> Mandatory Amount = _____ % Match				
Match Type: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> In-Kind Identify Source of Match: <u>General fund</u>				
Fiscal Information:	Awarded Funds \$1,044,451	Match/In-Kind Funds \$146,092	Additional/Leveraged Funds \$168,379	Total Project Budget \$1,358,922
Approved Grant Budget Summary:				
Category	Awarded	Match	Additional	Explanation
Personnel				
Salaries	748,919			
Fringe Benefits	245,902			
Indirect		146,092	168,379	
Equipment				
Materials/Supplies	47,130			
Travel	0			
Contractual Services				
Other	2,500			Victim emergency fund
Total:	1,044,451	146,092	168,379	
Approved Project				
Descriptive Title of Funded Project: Victim Assistance Program				
Performance Period Start/End Dates (Month/Day/Year): Start: 07/01/14 End: 06/30/15		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):				
Identify External Partners: Los Angeles County District Attorney				
Summary				
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.				
The County of Los Angeles has been awarded \$3,973,333 from the State of California and has confirmed its intent to make \$993,333 available to the City as a sub-recipient, which will provide funding for the 35 th year of operation of the City Attorney's Victim Assistance Program (VAP). VAP provides services to victims of crime and survivors of homicide victims. Grant funds pay for the salaries of eleven employees (including nine full-time victim advocates). VAP staff is assigned to offices located in Los Angeles Police Department (LAPD) divisions or City Attorney branch offices.				

City of Los Angeles Grant Award Notification and Acceptance

Fiscal Impact Statement

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.

The total cost of VAP is \$1,358,922 as detailed on the attached budget. The grant funds total \$1,044,451 and will be reimbursed by the County of Los Angeles with moneys received from the CalOES. Grant funds will be used as follows: Salary - \$748,919; Fringe Benefits - \$245,902; and Operating Expenses - \$49,630. The General Fund will contribute \$314,471.

Acceptance Packet

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:

- | | |
|---|--|
| <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 type="checkbox"/> Copy of Grant Agreement (if applicable) |
| <input checked="" 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: *Emette Hunt for MM*

Date: *4/6/2015*

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:

- Complete The Acceptance Packet has been forwarded to appropriate CAO analyst
 Returned to Department (Additional information/documentation has been requested.)
 Flagged (See comments below.)

Comments:

CAO Grants Oversight Unit Signature: *Camille Song*

Date: *4/11/15*

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

Grant Name: Victim Assistance Program		Additional Costs**			Department:	
Grant Project Breakdown		Grant Funds	City Funds	Non-City Funds	Total	Comments
Salaries						
1010 Salaries General						
1020 Salaries Grant Reimbursed		748,919	-	-	748,919	
1070 Salaries As Needed						
1090 Overtime						
Salaries Total:		\$ 748,919	\$ -	\$ -	\$ 748,919	
Related Costs*						
	CAP Rate					
Fringe Benefits	32.94%	245,902			245,902	
Central Services	18.38%		63,948	73,703	137,651	
Department Administration	23.61%		82,144	94,676	176,820	
Related Costs Total:		\$ 245,902	\$ 146,092	\$ 168,379	\$ 560,373	
Expense						
2120 Printing & Binding		3,500			3,500	
2130 Travel		0			0	
3040 Contractual Services		27,840			27,840	
3310 Transportation					0	
4160 Governmental Meetings					0	
6010 Office Supplies		15,790			15,790	
6020 Operating Supplies					0	
7300 Equipment					0	
Victim Emergency Funds		2,500			2,500	
Expenses Total:		\$49,630	\$0	\$0	\$49,630	
Grand Total:		\$ 1,044,451	\$ 146,092	\$ 168,379	\$ 1,358,922	
*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.						

