Attachment B

Grant Award Letter and Approved Subawards



June 6, 2017

Joyce Dudley, District Attorney Santa Barbara County 1112 Santa Barbara Street Santa Barbara, CA 93101-2008

Subject:

NOTIFICATION OF APPLICATION APPROVAL

Electronic Suspected Child Abuse Reporting System Program

Subaward #: ES16 01 0420, Cal OES ID: 083-00000

Dear Ms. Dudley:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$250,000, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file



			(Cal O	ES Use Only)		
Cal OES#	083-00000-16	FIPS#	083-00000	VS#	Subaward # ES16010420	

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

		The Ca	lifornia Governor	's Office of Emerg	ency Services	(Cal OES), make	es a Grant Suba	ward of funds set I	forth to the follo	wina:
				ta Barbara Coui						#: 131851219
		2. Imple	ementing Agend	y: Santa Barba	ara County Di	istrict Attorney			2a. DUNS	
		3. Imple	ementing Agend	y Address: 11	12 Santa Bart	bara Street		Santa Barbara		93101-2008
		4 1 000	tion of Projects	Santa Barbara	Str	reel			City	Zlp+4
		4. LUGa	don of Project:	Santa Barbara	and of	nun		Santa Barbara	County	93101-2008
		5. Disas	ster/Program Ti	le: Electronic Suspect	pected Chy Child Abuse Reporting	g System Program	6. Pe	rformance Period		Zip+4 to 12/31/2017
		7. Indire	ect Cost Rate:	☑ N/A; ☐ 10% d	le minimis;	Federally App	roved ICR	%		
P	~	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
\sim	2016		8.CJA0		\$ 50,000				\$0	\$ 50,000
10	2015		9. CJA0 🔻		\$ 200,000				\$ 0	\$ 200,000
		Select	10. Select						\$ 0	\$0
		Select	11. Select						\$ 0	\$0
		Select	12. Select						\$ 0	\$0
			TOTALS	\$ 0	\$ 250,000	\$ 250,000	\$ 0	\$0	\$ 0	12, G Total Project Cost: \$ 250,000
		14. CA Pridentifiab Public Re	ublic Records Act • le information or pri cords Act, please a	If the Grant Subaw. The Subrecipient fu Grant applications ar vate information on t tach a statement tha scords Act will not gr rds Act and have atta	e subject to the Ca his application. If t indicates what p	alifornia Public Rec you believe that an ortions of the appli	federal laws, audit nds may be conting- ords Act, Governm y of the information cation and the basis be disclosed. (Initia	ttached and made a p d, and have the appro- cipient certifies that a scepts this Grant Sub requirements, fodera ent on the enactment ent Code section 625 y you are putting on the for the exemption. Y L believe there is int is)	I program guidelin of the State Budge 0 et seq. Do not pu nis application is e our statement that formation in the ap	es, and Cal OES et. It any personally xempt from the the information plication that is
				to Sign for Subr				loyer ID Number	95-600283	3
		Name:	Joyce E. Du	dley			Title: Distri	ct Attorney		
		Telepho	ne: 805-568-2	0.70,50 507	FAX: 80	05-568-2398 (area code)	Emai	i: jdudley@co	.santa-barbar	a.ca.us
	į	Paymen	t Mailing Addres	s: 1112 Santa	Barbara Stree		City:	Santa Barbara	3 7in-	-4: 93101 - 2008
	,	Signatur	e /	5 6	10000	1	Date:	1-11	77	4. 30101-2000
			180			[FOR Cal OES U		7/1	//	
		I hereby	certify upon my ox	r personal knowled	lge that budgeted	d funds are availa	ble for the period	and purposes of this	expenditure stat	ted above.
		Cal C	ES Fiscal Officer			Date	Cal OES	S Director (or design	iee)	Date
		Item: 069 FAIN #: Federal A Fund: Fe Program: Match Re	G-1501 CACJA I Award Dates: [0 deral Trust Electronic Suspected Child A	PCA No: 1842: Component: 40,20,902 CFDA#: 93,643 /01/2015 – 09/30/2017 buse Reporting System Program Amount: S						
	Gran	Item: 069 FAIN #: Federal A Fund: Federal: Program: Match Re Project No	G-1601 CACJA1 ward Dates: 10 deral Trust Electronic Suspected Child Al q.: None .: 16CJA0	PCA No: 18426 Component: 40.20.902 CFDA#: 93.643 /01/2016 - 09/30/2018 Ouse Reporting System Program Amount: 8 50 Cal OES 2-101 (Re	,000			F.	MAY 3	0 2017 11.3

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES SUPPLEMENTAL GRANT SUBAWARD INFORMATION

1. Cal OES Contact Information Section:

Governor's Office of Emergency Services Mark S. Ghilarducci, Director 3650 Schriever Avenue Mather, CA 95655 (916) 845-8506 phone • (916) 845-8511 fax

2. Federal Awarding Agency Section:

Fund Year	Federal Program Fund / CFDA #	Federal Awarding Agency	Total Federal Award Amount	Total Local Assistance Amount	
2015	Children's Justice Act Program (CJA) / 93,643	Administration for Children & Families	\$1,798,301	\$1,594,076	
2016	Children's Justice Act Program (CJA) / 93.643	Administration for Children & Families	\$1,797,598	\$1,617,837	
Choose an item.	Choose an item.	Choose an item.	\$	\$	
Choose an item.	Choose an item.	Choose an item.	\$	\$	
Choose an Item.	Choose an item.	Choose an item.	\$	\$	

3. Project Description Section:

- Project Acronym (Please choose from drop down): Choose an item.
- Project Description (Please type the Project Description): The purpose of the Electronic Suspected Child Abuse Reporting System ("E-SCARS") Program is to improve the system of information sharing between the multidisciplinary agencies: county child welfare departments, local law enforcement agencies, and the local district attorney's offices through a shared database system for suspected child abuse reports. This improved system of information sharing between the multidisciplinary agencies is aimed at improving coordinated response and investigation of reported suspected child abuse and neglect cases.

4.	Research	&	Development	Section:	

R	esearch & Development Section:		
•	Is this Subaward a Research & Development grant?	Yes □	No □

SPECIAL CONDITION

Grant Subaward No. <u>ES16010420</u> is hereby approved with the following condition:

- The 2015 CJAO Funds in the amount of \$200,000 must be expended by August 31, 2017 and the final 2-201 must be received by Cal OES by September 15,2017. This condition will reduce the liquidation period to zero days.
- A Memorandum of Understanding (MOU) is required between Los Angeles County Department of Children and Family Services and Santa Barbara County. The MOU must be executed by June 30, 2017. Please refer to the Request for Proposal and the Subrecipient Handbook for MOU requirements.

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.

PROJECT CONTACT INFORMATION

Subrecipient: Santa Barbara County District Attorney's Office	Subaward #: Es 16 01 0420
Provide the name, title, address, telephone number, and e-mail address use a PO Box address, a street address is also required for packag	for the project contacts named below. NOTE: If you e delivery and site visit purposes.
1. The <u>Project Director</u> for the project:	
Name: Joyce Dudley Title:	District Attorney
Telephone #: 805 568 2306 Fax#: 805 568 2398	Email Address: jdudley@co.santa-barbara.ca.us
Address/City/Zip: 1112 Santa Barbara Street, Santa Barba	ıra, CA 93101
7. The <u>Financial Officer</u> for the project:	
Name: Kerry Bierman Title:	Chief Financial Officer
Telephone #: 805 568 2304 Fax#: 805 568 2398	Email Address: kbierman@co.santa-barbara.ca.us
Address/City/Zip: 1112 Santa Barbara Street, Santa Barba	ra, CA 93101
3. The <u>person</u> having <u>Routine Programmatic</u> responsibility for	the project:
Name: Kelly Scott Title:	Chief Deputy District Attorney
Telephone #: 805 568-2309 Fax#: 805 568 2398	Email Address: kdscott@co.santa-barbara.ca.us
Address/City/Zip: 1112 Santa Barbara Street, Santa Barba	ra, CA 93101
A. The <u>person</u> having <u>Routine Fiscal Responsibility</u> for the pr	oject:
Name: Michael Soderman Title:	Business Manager
Telephone #: 805 568 2303 Fax#: 805 568 2398	Email Address: mdsoderman@co.santa-barbara.ca.us
Address/City/Zip: 1112 Santa Barbara Street, Santa Barba	ra, CA 93101 .
The <u>Executive Director</u> of a Community Based Orgranization superintendent of schools) of the implementing agency:	or the Chief Executive Officer (i.e., chief of police,
Name: Joyce Dudley Title:	District Attorney
Telephone #: 805 568 2306 Fax#: 805 568 2398	Email Address: jdudley@co.santa-barbara.ca.us
Address/City/Zip: 1112 Santa Barbara Street, Santa Barbar	ra, CA 93101
6. The <u>Official Designated</u> by the Governing Board to enter into or Community-Based Organization, as stated in Section 14 of	the Grant Subaward for the City/County the Grant Subaward Face Sheet:
Name: Joyce Dudley Title:	District Attorney
Telephone #: 805 568 2306 Fax#: 805 568 2398 Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara	Email Address: jdudley@co.santa-barbara.ca.us
7. The <u>chair of the Governing Body</u> of the subrecipient:	
Name: Peter Adam Title:	Chair, Board of Supervisors
Telephone #: 805 346 8407 Fax#: 805 346 8404	
Address/City/Zip: 105 East Anapamu Street, Santa Barbara	zinam / tadioss. 1

SIGNATURE AUTHORIZATION

	Subawa	ard #:
Subrecipient:	Santa Barbara Count	ty
Implementing Agency:	Santa Barbara County D	District Attorney's Office
*The Pro	ject Director and Financial O	Officer are REQUIRED to sign this form.
*Project Director: Joyce Signature: Date:	e Dudley 2 Onelle 1-9/14	*Financial Officer: Kerry Bierman Signature: 2117
The following persons are Project Director	authorized to sign for the	The following persons are authorized to sign for the Financial Officer
Mly SSH		With Soll
Signature Kelly Scott		Signature Michael Soderman
Print Name	lan	Print Name M.M. Soul
Signature John Savrnoch		Signature
Print Name		Print Name
Signature	· · · · · · · · · · · · · · · · · · ·	Signature
Print Name		Print Name
Signature		Signature
Print Name		Print Name
Signature		Signature
Print Name		Print Name

CERTIFICATION OF ASSURANCE OF COMPLIANCE Children's Justice Act (CJA) Grant

		oyce E. [hereby certify that	
	(0	official authorized	d to sign gran	t subaward;	same person as Section 14 on Grant Subaware	d Face Sheet)	
		ECIPIENT:	Santa B	Barbara	a County .		
	IMPLE	MENTING AGE	ENCY:	Santa E	Barbara County District Attorney's	Office	1
	PROJE	CT TITLE:	Electro	onic Sus	pected Child Abuse Report-Syste	em Program	(DLM)
	is respo	nsible for review ad/or federal) as	ving the Subre directed by C	ecipient Han al OES incl	ndbook and adhering to all of the Grant Subaw luding, but not limited to, the following areas:	vard requirements	
1.	Fede	ral Grant Funds	s				
	to Oi	ונווט ווווטווווט עניי	nance 7 CLIC	Pill ZUU. SI	federal grant funds annually are required to se ubpart F and are allowed to utilize federal gran cipient Handbook for moredetail.	cure an audit pursuant nt funds to budget for	
	0	The above name	ed Subrecipie	nt receives S	\$750,000 or more in federal grant fundsannua	lly.	
		The above name	ed Subrecipie	nt does not i	receive \$750,000 or more in federal grant fund	dsannually.	
11.	Equa	l Employment (Opportunity	– (Subrecip	rient Handbook Section 2151)		
	mente medic origin breas fundo emple	III, including HIV cal condition (ger it, race, religion (if feeding and/or reed projects certily	y and AIDS), y netic characte includes religi clated medica ify that they w inity, nondisc	ployment be genetic info ristics, canc ious dress a d conditions will comply crimination	to promote equal employment opportunity (E. ecause of ancestry, age (over 40), color, disabination, gender, gender identity, gender expreser or a record or history of cancer), military, and grooming practices), sex (includes pregnants) sexual orientation, or request for family medy with all state and federal requirements regular and civil rights.	ility (physical and ession, marital status, veteran status, national acy, childbirth,	
	1 1005	s browne me tom	owing miorin	iation:			
	Equal	Employment Opp			Kristi Johnson		
	Title:	Equal E	Employr	ment N	lanager en la		
	Addres	1226 A	nacapa	Street	t, Santa Barbara, CA 9310	01	
	Phone:	OOF FOO					
	Email:	kjohnsc	n@co.s	santa-t	parbara.ca.us		

I

III. Drug-Free Workplace Act of 1990 - (Subrecipient Handbook, Section 2152)

The State of California requires that every person or organization subawarded a grant or contract shall certify it will provide a drug-free workplace.

IV. California Environmental Quality Act (CEQA) - (Subrecipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (Public Resources Code, Section 21000 et seq.) requires all Cal OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

V. Lobbying - (Subrecipient Handbook Section 2154)

Cal OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

VI. Debarment and Suspension - (Subrecipient Handbook Section 2155) (This applies to federally funded grants only.)

Cal OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VII. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement oobtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

VIII. Civil Rights Compliance

The Subrecipient complies with all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

IX. Special Conditions for Grant Subawards with Children's Justice Act (CJA) Funds

- Federal grant funds shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. Regulations pertaining to the prohibition of Federal funds for inherently religious activities can be found on the HHS website at: https://www.acf.hhs.gov/administrative-and-national-policy-requirements#chapter-2.
- 2. Federal grant funds provided under this subaward may not be used by the Subrecipient to support lobbying activities in influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of Federal grant funds and is not intended to affect an individual's right or that of any organization, to petition Congress or any other level of Government, through the use of other resources. (See 45 CFR Part 93.)

In accordance with Public Law 103-333, the "Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 1995," the following provisions are applicable to this grant subaward:

Section 507: "Purchase of American-Made Equipment and Products – It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made."

In accordance with Part C of Public Law 103-227, the "Pro-Children Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, dayare, education, or library services to children under the age of 18, if the services are funded by Federal programs wither directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions or facilities and used for inpatient drug and alcohol treatment.

All appropriate documentation must be maintained on file by the project and available for Cal OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION
I, the official named below, am the same individual authorized to sign the Subaward [Section 14 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subrecipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty officialry under the laws of the State of California. Authorized Official's Signature: Authorized Official's Typed Name: District Attorney
Date Executed: 1/23/17
Federal Employer ID #: 95-6002833 Federal DUNS # 131851219
Current System for Award Management (SAM) Expiration Date: 4/28/18 CUE
Executed in the City/County of: Santa Barbara
AUTHORIZED BY: (not applicable to State agencies)
City Financial Officer City Manager County Financial Officer County Manager County Manager
Signature: Lallat
Typed Name: Theo Fallati
County Auditor Controller

Subrecipient: SANTA BARBARA COUNTY Subaward#: ES 1601 04						
A. Personnel Services – Salaries/Employee Benefits	2015 CJA0 FUNDS	2016 CJA0 FUNDS				COST
DSS IMPLEMENTATION						\$0 \$0
0.07 FTE EDP Systems and Programming Analyst						\$0 \$0
Salary \$103,604 x 0.070914 FTE	\$6,475					\$7,347
Retirement @ 30%	\$1,975					\$2,241
FICA @ 7% Health Insurance @ 10%	\$474	\$64				\$538
Thealth insurance @ 1076	\$641	\$86				\$727
0.10 FTE Department Business Specialist II						\$0 \$0
Salary \$85,592 x 0.0957 FTE	\$5,843	\$2,346				\$8,189
Retirement @ 39%	\$1,819	\$730				\$2,549
FICA @ 8%	\$381	\$152				\$533
Health Insurance @ 11%	\$701	\$282				\$983
0.09 FTE Team/Project Leader						\$0
Salary \$112,652 x 0.090544331 FTE	\$7,357	\$2,843				\$0 \$10,200
Retirement @ 32%	\$3,083	\$899				\$3,982
FICA @ 7%	\$702	\$205				\$907
Health Insurance @ 10%	\$875	\$257				\$1,132
0.00 FTF DCC H-41 in a Common AM						\$0
0.02 FTE DSS Hot Line Support Manager Salary \$108,160 x 0.021153846 FTE	04.004	# 00.4				\$0
Retirement @ 32%	\$1,664 \$616	\$624 \$324				\$2,288
FICA @ 7%	\$127	\$231 \$48				\$847 \$175
Health Insurance @ 10%	\$135	\$58				\$175
,	,	***				\$0
0.03 FTE Computer Systems Specialist II						\$0
Salary \$90,937 x 0.031252406 FTE	\$1,749	\$1,093				\$2,842
Retirement @ 30% FICA @ 7%	\$564	\$352				\$916
Health Insurance @ 11%	\$124 \$168	\$78 \$105				\$202
117,0	\$100	\$105				\$273 \$0
DA IMPLEMENTATION	İ					\$0 \$0
4						\$0
0.05 FTE Chief Deputy District Attorney						\$0
Salary \$187,200 x 0.05 FTE	\$9,360			*		\$9,360
Retirement @ 39% FICA @ 8%	\$3,650	,				\$3,650
Health Insurance @ 11%	\$749 \$1,030					\$749
1170	φ1,U3U					\$1,030 \$0
0.05 FTE DA Business Manager				1		\$0 \$0
Salary \$113,842 x 0.049999122 FTE	\$5,692					\$5,692
Retirement @ 30%	\$1,708					\$1,708
FICA @ 7%	\$398					\$398
Health Insurance @ 11%	\$626					\$626
Personal Section Totals	\$58,686	\$11,591	\$0	\$0	\$0	\$0 \$70,277
PERSONAL SECTION TOTAL	+00,000	+11,001	. 40	ΨΟ	ΨΟ	ψιυ,ΔΙΙ
TEROGRAL SECTION TOTAL						\$70,277

Subrecipient: SANTA BARBARA COUNTY			Subaward#	ES/	60104	20	
B. Operating Expenses/System Development	2015 CJA0 FUNDS	2016 CJA0 FUNDS				COST	
IMPLEMENTATION						\$0 \$0 \$0	
DSS Initial Setup Software SQL licensing Win OS x3 Aspose.net PDF Convertor RightFax Server Software DevExpress Control Dxperience x3	\$8,000 \$2,400 \$100 \$500 \$5,000		-			\$0 \$0 \$8,000 \$2,400 \$100 \$500	
Vendor Development/Programming Conversion plan, analysis, discovery Application development/programming Transition to SQL database System integrations/implementation Cross-agency reporting	\$13,800 \$16,200 \$2,400 \$0 \$1,200	\$12,600 \$9,000 \$6,000 \$3,807				\$0 \$0 \$13,800 \$28,800 \$11,400 \$6,000 \$5,007	
Consulting Vendor/project management (\$140/hr x 209 hrs) LACO consultancy (\$84/hr x 61 hrs)	\$22,500 \$5,124	\$6,750 \$252				\$0 \$0 \$29,250 \$5,376	
LACO Training Lodging x 4 staff @ \$95/night = \$380 Meals: \$46 x 2 days x 4 staff = \$368 Mileage @639 mil. X .535 = \$342	\$1,090					\$1,090 \$0 \$0 \$0	
OPERATING SECTION TOTAL	\$78,314	\$38,409	\$0	\$0	\$0	\$0 \$116,723	
PERATING SECTION TOTAL \$116,723							

Subrecipient: SANTA BARBARA COUNTY			Subaward #: ES/60104/20						
C. Equipment	2015 CJA0 FUNDS	2016 CJÁ0 FUNDS				COST			
DSS Initial Setup Hardware Data (App) Server (w/storage) Web Server Fax Server Server Room Equipment AC Unit UPS, PDU, Power, Racks, Cabling	\$15,000 \$10,000 \$10,000 \$20,000 \$8,000					\$15,000 \$10,000 \$10,000 \$20,000 \$8,000 \$8,000 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6			
Equipment Section Totals	\$63,000	\$0	\$0	60	¢0	\$0 \$0 \$0			
EQUIPMENT SECTION TOTAL	Ψ05,000	φυ	20	\$0	\$0	\$63,000			
		***************************************	************	************	***********	\$63,000 ************			
Category Totals	·····	····	•••••	·····	***************************************				
Same as Section 12G on the Grant Award Face Sheet	\$200,000	\$50,000	\$0	\$0	\$0				
Total Project Cost*									





December 26, 2017

Joyce Dudley
District Attorney
Santa Barbara County - Office of the District Attorney
1112 Santa Barbara Street
Santa Barbara, CA 93101-2008

Subject:

Approval of Subaward Amendment #1

Electronic Suspected Child Abuse Reporting System Program ESCARS

Subaward #: ES16 01 0420

Dear Ms. Dudley:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed subaward amendment request, for the subject grant.

All other agreements shall remain as previously agreed upon.

Please contact your Program Specialist if you have any questions about this amendment.

VSPS GRANTS PROCESSING

Enclosure

c: Subrecipient file Program Specialist

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

Increase the 2016 CJA0 fund by \$150,000 from \$50,000 to \$200,000;

Increase the Total Project Cost by \$50,000 from \$250,000 to \$300,000.

Increase the 2017 CJA0 fund from \$0 to \$72,363;

THE CONTRACT OF LIVE NOTICE OF LIVE NOTICE OF	CI SERVICES	
GRANT SUBAWARD AMENDMENT	SUBA	WARD#: ES16 01 0420
Federal Grant # 6-150\CACJA\ 6-150\CACJA\ Broject # NA 6-170\CACJA\ DUNS# 13-185-12	FIPS# 083-00000 Performance Period	Amendment# 1 1/1/2017 to 12/31/2018
This amendment is between the California Governo Grant Subrecipient: Santa Barbara County	or's Office of Emergency Services,	, hereafter called Cal OES, and the
AMENDMENT TO FUNDS: Grant Subaward ES16 01 0420 is hereby amend	ded to:	ML# 644827
Decrease the 2015 CJA0 funds by \$172,363 from	m \$200,000 to \$27,637;	1.10

Change the end of Performance Period of the Subaward from December 31, 2017 to December 31, 2018. ** 2016 CJAO funds in the amount of \$200,000 must be expended a final 2-201 must be All other provisions of this agreement shall remain as previously agreed upon.

Submitted to Cal DES by \$131/18.

Sub	recipient (Certification and Si	natur	e of Authorize	d Agent)		
By (Authorized Signature)	11	Date				
1g & ()	helly			12/11/	2017	
Printed Name V		Title				
Joyce E. Dudley		Dist	rict Attorney			
Address					_	
1112 Santa Barbara Street, Santa	a Barbara, CA 93101					
Governo	or's Office of Emergency Servi	ces (Fo	or Cal OES use	only)		
By Director or Designee	是是然为了世界是特色的研究	Date		新 名李洁:		(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)
Josepha Con A			12.21.17	atch Atmosphere 1988		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Printed Name		Title		10 Sept. 10		
Tabilha Stout			Assist	ant Dire	ctor	
Amount Encumbered by this Document	Program/Component	Ma	tch		Item	
50,000	40.20.90Z		None		0690	-102-0890
Prior Amount Encumbered Fund So	ource		Chapter	Statute		Fiscal Year
250,000	FEDERAL TRUST		23/14	2016		2016/17
Total Amount Encumbered to Date	PCA#	Proje	ct#			CFDA#
300,000	18425, 18426, 18427	#5	HOTE 15 CJAC	8,16CJ	AD , TICUTA	93.643
I hereby certify upon my own personal know	wledge that budgeted funds are ava	lable fo	r the period and p	urpose of the	he expendi	ture stated above
Signature of Cal OES Fiscal Officer	Dat	CONTRACTOR OF THE			R LINEAR	
May Rucke	24	12/2	20/1)			

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES SUPPLEMENTAL GRANT SUBAWARD INFORMATION

1. Cal OES Contact Information Section:

Governor's Office of Emergency Services Mark S. Ghilarducci, Director 3650 Schriever Avenue Mather, CA 95655 (916) 845-8506 phone • (916) 845-8511 fax

2. Federal Awarding Agency Section:

Fund Year	Federal Program Fund / CFDA #	Federal Awarding Agency	Total Federal Award Amount	Total Local Assistance Amount
2015	Children's Justice Act Program (CJA) / 93.643	Department of Health and Human Services	\$1,798,301	\$1,594,076
2016	Children's Justice Act Program (CJA) / 93.643	Department of Health and Human Services	\$1,797,598	\$1,617,837
2017	Children's Justice Act Program (CJA) / 93.643	Department of Health and Human Services	\$1,788,425	\$1,609,582
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$

3. Project Description Section:

- Project Acronym (Please choose from drop down): Electronic Suspected Child Abuse Reporting System Program (ES)
- Project Description (Please type the Project Description):

The purpose of the Electronic Suspected Child Abuse Reporting System ("E-SCARS") Program is to improve the system of information sharing between the multidisciplinary agencies: county child welfare departments, local law enforcement agencies, and the local district attorney's offices through a shared database system for suspected child abuse reports. This improved system of information sharing between the multidisciplinary agencies is aimed at improving coordinated response and investigation of reported suspected child abuse and neglect cases.

4.	Research	X	Development Section:

•	Is this Subaward a Research & Development grant?	Yes □	No ⊠

GRANT SUBAWARD MODIFICATION

	alifornia Governo 650 Schriever Av		mergency Servi	ices				1. Subaward	#: <u>ES16 0</u>	1 0420
М	lather, CA 95655	5:						2. Modificatio	n# 1	
3. Subrecip	pient/Impleme	nting Agency	: Santa	a Barbara	County					
4. Project	Title: Ch	ildren's Ju	etice-Act-G	rant Elec	tronic S	usperted	Child G	14 a Par	i. 6	ystem Prog
	I CISUII. IVIIC	maer Soue	illiali		Phone:	805-568-2	2303	For	205 569	2200
Email A	ddress: mo	lsoderman	@co.santa	a-barbara.c	6. Perf	ormance Per	iod: 1/1/201	17 to	12/31/201	8
7. Paymer	nt Mailing Add	ress: 1112	2 Santa Ba	irbara Stre	<u>et, Santa B</u>	arbara, CA	93101	`` . 		ere if new.
·	Current				ision to B	udget				oro ii ricvv.
	Allocation	A.	Grant	Funds				d Match		
FISCAL YEAR	Select Acronym from list	Personal Services	Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	Total
15	CJA0	\$58,686	\$78,314	\$63,000	\$200,000				\$0	\$200,000
16	CJA0	\$11,591	\$38,409		\$50,000				\$0	
17	CJA0				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	
Proposed (Change {add (+) or subtract	(-) from bud	geted amount					ΨΟ	\$0
15	CJA0	(\$58,686)	(\$50,677)	(\$63,000)	(\$172,363)				\$0	(\$172,363)
16	CJA0	\$48,029	\$38,971	\$63,000	\$150,000					\$150,000
17	CJA0	\$37,388	\$34,975		\$72,363					\$72,363
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised All	location		to the second se			- How				Ψ0
15	CJA0	\$0	\$27,637	\$0	\$27,637	\$0	\$0	\$0	\$0	\$27,637
16	CJA0	\$59,620	\$77,380	\$63,000	\$200,000	\$0	\$0	\$0		\$200,000
17	CJA0	\$37,388	\$34,975	\$0	\$72,363	\$0	\$0	\$0		\$72,363
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Justifica	ation for Mod	lification: (If	necessary,	continue th			3)			
			_		,		·· <i>)</i>		L Check	to Total
10. Subrecip	pient Approvals					÷				ž
Joyce E. [Dudley, Dist	trict Attorne	ev		Micha	el Soderma				
Project Direct	ctor (yped name	e) 11		10 1-		al Officer (type				
-/gr	2.0	elle		12.13.1) Ma	1/1 26	ela-		12/13/	'(7
Prøject Direc	ctor Signature		~	Date	Financi USE ONLY	al Officer Signa	ature		Date	
Cal OES App	proval Signature	es		Cal OES	USE ONLY		<i>:</i> /		j	1
Program SA	acialist 4	enh		12/18	12 11	LCOU!	/h~		12/18/	17
Program Spe	1 / WI	pho		Øate/	G/17 Unit	Chief		· · · · · · · · · · · · · · · · · · ·	Date	
Grants Proce	essing				HI			NEC	EW	ER
								I DEC	15 2017	100

Subrecipient: SANTA BARBARA COUNTY	Y		Subaward#	: ES16 0	1 0420	
A. Personnel Services – Salaries/Employee Benefits	2015 CJA0 FUNDS	2016 CJA0 FUNDS	2017 CJA0 FUNDS			COST
DSS IMPLEMENTATION						0031
EDP Systems and Programming Analyst		·				
Salary \$103,604 x 0.07933 FTE		\$7,347	\$872			E0 040
Retirement @ 30.5%		\$2,241	(2)			\$8,219 \$2,507
FICA @ 7.3278%		\$538				\$602
Health Insurance @ 9.8976%		\$727	\$86			\$813
Department Business Specialist II						
Salary \$85,592 x 0.12307692 FTE		\$8,188	\$2,346			610 504
Retirement @ 31.13%	Œ	\$2,549				\$10,534
FICA @ 6.5128%		\$533	2 4 9			\$3,279 \$686
Health Insurance @ 12.0049%		\$983	\$282			\$1,265
Team/Project Leader						¥1,200
Salary \$112,652 x 0.07403899 FTE						20
Retirement @ 31.6285%		\$5,498	\$2,843			\$8,341
FICA @ 7.2009%		\$1,739	\$899			\$2,638
Health Insurance @ 9.022%		\$396 \$496	\$205 \$257			\$601 \$753
20011		, ,,,,	4201			Ψ/33
DSS Hot Line Support Manager						
Salary \$108,160 x 0.02692308 FTE		\$1,456	\$1,456			\$2,912
Retirement @ 37.0192% FICA @ 7.5446%		\$539	\$539		1	\$1,078
Health Insurance @ 9.3462%		\$110	\$110			\$220
Ticaliti insurance @ 3.3402 %		\$136	\$136			\$272
Computer Systems Specialist II						
Salary \$90,937 x 0.04326952 FTE		\$1,967	\$1,967			\$3,934
Retirement @ 32.2278%	İ	\$634	\$634			\$1,268
FICA @ 7.011%		\$140	\$140			\$280
Health Insurance @ 9:65%		\$190	\$190			\$380
DA IMPLEMENTATION						
Chief Deputy District Attorney				2		
Salary \$187,200 x 0.10 FTE		\$9,360	\$9,360		ı	¢10 700
Retirement @ 39%	•	\$3,650	\$3,650	}		\$18,720 \$7,300
FICA @ 8%		\$749	\$749			\$7,300 \$1,498
Health Insurance @ 11.002%		\$1,030	\$1,030		,	\$2,060
DA Business Manager						
Salary \$113,842 x 0.10 FTE		\$5,692	\$5,692	ļ		044.004
Retirement @ 30%		\$1,708	\$1,708		ļ	\$11,384
FICA @ 7%		\$398	\$398			\$3,416 \$796
Health Insurance @ 10.995959%		\$626	\$626			\$1,252
Personal Section Totals	\$0	\$59,620	\$37,388	\$0	\$0	\$97,008
PERSONAL SECTION TOTAL		1	J			
						\$97,008

Subrecipient: SANTA BARBARA COUNTY			Subaward#:	ESIL	0100	420
B. Operating Expenses/System Development		2016 CJA0 FUNDS				COST
IMPLEMENTATION						
DSS Initial Setup Software SQL licensing Win OS x3 Aspose net PDF Convertor RightFax Server Software DevExpress Control Dxperience x3	\$8,000 \$2,400 \$100 \$500 \$5,000			,		\$8,000 \$2,400 \$100 \$500 \$5,000
Vendor Development/Programming Conversion plan, analysis, discovery Application development/programming Transition to SQL database System integrations/implementation Cross-agency reporting	\$11,637	\$2,163 \$28,800 \$11,400 \$6,000 \$5,007	\$865 \$11,520 \$4,560 \$2,400 \$2,003			\$14,665 \$40,320 \$15,960 \$8,400 \$7,010
Consulting Vendor/project management (\$140/hr x 199.41 hrs) LACO consultancy (\$84/hr x 102.74 hrs)		\$17,544 \$5,376	\$10,373 \$3,254			\$27,917 \$8,630
_ACO Training _odging x 4 staff @ \$95/night = \$380 Meals: \$46 x 2 days x 4 staff = \$368 Mileage @639 mil. X .535 = \$342 /		\$380 \$368 \$342			v	\$380 \$368 \$342
DPERATING SECTION TOTAL	\$27,637	\$77,380	\$34,975	\$0	\$0	\$139,992
PPERATING SECTION TOTAL	1	√	1			\$139,992

Subrecipient: SANTA BARRADA COM	NTV		1	1-11	01 -11-	(414)
Subrecipient: SANTA BARBARA COU			Subaward #	: 1516	01042	LU
C. Equipment	2015 CJA0 FUNDS	2016 CJA0 FUNDS	2017 CJA0 FUNDS			COST
DSS Initial Setup Hardware Data (App) Server (w/storage) Web Server Fax Server Server Room Equipment AC Unit UPS, PDU, Power, Racks, Cabling		\$15,000 \$10,000 \$10,000 \$20,000 \$8,000				\$15,00 \$10,00 \$10,00 \$20,00 \$8,00
			·			
	·	-				
						a a
quipment Section Totals	\$0	\$63,000	\$0	\$0	\$0	\$63,000
QUIPMENT SECTION TOTAL		1		,	+5	430,000
Category Totals						\$63,000 **********************************
Same as Section 12G on the Grant Award	\$27,637	£200.000	272.222			
Face Sheet Total Project Cost*	\$21,631 J	\$200,000	\$72,363	\$0	\$0	
heet		·	\		\$	300,000

EDMUND G. BROWN, JR. GOVERNOR





September 10, 2018

Joyce Dudley
District Attorney
Santa Barbara County - Office of the District Attorney
1112 Santa Barbara Street
Santa Barbara, CA 93101-2008

Subject:

Approval of Subaward Modification #2

Electronic Suspected Child Abuse Reporting System Program

Subaward #: ES16 01 0420

Dear Ms. Dudley:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed subaward modification request, for the subject grant.

Please contact your Program Specialist if you have any questions about this modification.

VSPS GRANTS PROCESSING

Enclosure

c: Subrecipient file Program Specialist

GRANT SUBAWARD MODIFICATION

16 01 0420 MAIL TO: California Governor's Office Of Emergency Services 1. Subaward #: ES 15-01-0420 V/L 3650 Schrlever Ava Mather, CA 95655: 2. Modification # 2 Santa Barbara County 3. Subrecipient/Implementing Agency: Electronic Suspected Child Abuse Reporting System Program 4. Project Title: 5. Contact Person: Shawna Jorgensen Phone: 805-568-2304 Fax: 805-568-2398 Email Address: sjorgensen@co.santa-barbara.ca.ug 6. Performance Period: 1/1/2017. to 12/31/18 7. Payment Mailing Address: 1112 Santa Barbara Street. Santa Barbara, CA 93101 Check here if new. 8. Revision to Budget Current Grant Funds Required Match Allocation Select Acronym from Fund FISCAL Personal Operating Match Personal Operating Total Equipment Total YEAR Services Equipment Expenses Total Services Expenses 15 CJA0 #O #0 \$27,637 \$27,637 VB-\$27.637 \$0 16 CJA0 \$59,620 \$77,380 \$63,000 \$200,000 \$0 \$200,000 17 CJA0 \$37,388 40 \$34,975 \$72,363 \$72,363 V4 \$0 Υr Fund \$0 \$0 \$0 Fund Υr \$0 \$0 \$0 Proposed Change {add (+) or subtract (-) from budgeted amount} \$11,637 CJA0 \$0 \$0 \$0 UV \$63,550 (\$63,550) CJA0 \$ 52,000 \$0 V 19-\$0 \$0 17 CJA0 \$20,964 (\$20,961) \$0 \$0 \$0 VW Fund \$0 \$0 \$0 Fund \$0 \$0 Revised Allocation \$26,406 \$1,231 15 CJA0 \$11.637 \$-16-000 \$0 \$27,637 \$0 \$0 \$0 \$0 \$27,637 CJAD \$13,830 \$63,000 \$200,000 1141 \$0 \$0 \$0 \$0 \$200,000 \$14-014 17 \$58.349 VA CJAO \$0|\$72,363 \$0 \$0 \$72,363 \$0 \$0 Υr Fund \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Yr · Fund \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 9. Justification for Modification: (If necessary, continue the justification on page 3.) Check to Total Budget modification needed to align budget System plan which was 10. Subreciplent Approvals Joyce E Budley Michael Soderman Project Director (typed name Financial Officer (byped.name Financial Officer Signature Project Director Signature Molison

ML#664 440

Grants Processing

Subrecipient: SANTA BARBARA COUNTY			Subaward#	ES	16 01	0420
A. Personnel Services – Salarles/Employee Benefit	2015 CJA0 FUNDS	2016 CJA0 FUNDS		• ,		COST
						0001
1 FTE EDP Systems and Programming Analyst				•		
Salary: \$103,604 x .75 FTE		\$32,799	\$44,871	ŧ		#77.070
Retirement @ 30%		\$9,632	The second second second			\$77,670 \$23,126
FICA @ 7.65%		\$2,481				\$5,893
Health Insurance @ 9%		\$2,915	\$4,008			\$6,923
0.05 FTE IT Supervisor					,	
Salary: \$121,952 x 0.05 FTE	3	,\$6,098	. [\$6,098
Retirement @ 30%	1	. \$1,829				\$1,829
FICA @ 7.65%	1	\$466	1			\$466
Health Insurance @ 9%		\$549				\$549
			ŀ			
		1	.			
0.05 FTE Chief Financial Officer						a
Salary: \$137,879 x 0.05 FTE	25.004				•	8
Retirement @ 30%	\$5,234	\$1,660				\$6,894
FICA @ 7.65%	\$1,618	. \$450				\$2,068
Health Insurance @ 9%	\$412 \$485	\$115				\$527
*	, 9405	\$64		.		\$549
0.06 FTE Chief Deputy District Attorney			. 1		l	
Salary: \$198,497 x 0.06 FTE	\$12,425		.			\$12,425
Retirement @ 30%	\$3,728		1	1		\$3,728
FICA @ 7.65%	\$950			}		\$950
Health Insurance @ 9%	\$1,118	. 1				\$1,118
0.05 FTE DA Business Manager	1		i			16
Salary: \$103,850 x 0.05 FTE	\$296	\$4,897	l			
Retirement @ 30%	\$90	\$1,468			1	\$5,193
FICA @ 7.65%	\$23	\$374				\$1,558
tealth Insurance @ 9%	\$27	\$440		•		\$397 \$467
Personal Section Totals	\$26,406	\$66,237	\$65,785	\$0	. \$0	\$4E0 400
PERSONAL SECTION TOTAL	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	400,207	400,700	ΨΟ	φ	\$158,428
	:					\$158,428

ubrecipient: SANTA BARBARA COUNTY	;		Subaward#:	ES 16	010	420
B. Operating Expenses/System Developmer	MI IL IL IMA	2016 CJA0 FUNDS	2017 CJA0 FUNDS			COST
MPLEMENTATION						
itial Setup Software						
evExtreme Studio Pro isual Studio.Net		\$1,414 \$2,400				\$1,414 \$2,400
raining & Development	2		æ.			
onsulting ACO consultancy (\$84/hr x 86 hrs)		\$7,224		. "		\$7,224
ACO Training odging x 4 staff @ \$95/night = \$380 eals: \$46 x 2 days x 4 staff = \$368 leage @799 mil. X .535 = \$427	\$380 \$368 \$427		8		· .	\$380 \$368
arking @\$14 x 4	\$56					\$427 ' \$56
direct @10% de minimus S&B)+Operating Costs x 10% only charging 77 06-1855,000 x 10% = only charging 77	725	\$7,725	\$6,578	*		\$0 \$14,303
PERATING SECTION TOTAL	\$1,231	\$18,763]	\$6,578	\$0	\$0	\$26,572

Cal OES 2-106 (Revised 7/2013)

C. Equipment OSS Initial Setup Hardware i Servers with SSDs IS SQL Server	2015 CJA0 FUNDS	2016 CJA0 FUNDS	2017 CJA0 FUNDS			
Servers with SSDs				THE RESERVE OF THE PERSON NAMED IN COLUMN 1		COST
		\$100,000 \$15,000				\$100,000 \$15,000 \$0
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uipment Section Totals	\$0	\$115,000	\$0	\$0	\$0	\$115,000
QUIPMENT SECTION TOTAL						
Category Totals			Kanence II			\$115,000
ame as Section 12G on the Grant Award Face Sheet otal Project Cost*	\$27,637	\$200,000	\$72,363	\$0	\$0 E	





September 11, 2018

Joyce Dudley
District Attorney
Santa Barbara County - Office of the District Attorney
1112 Santa Barbara Street
Santa Barbara, CA 93101

Subject:

Approval of Subaward Modification #3

Electronic Suspected Child Abuse Reporting System Program

Subaward #: ES16 01 0420

Dear Ms. Dudley:

The California Governor's Office of Emergency Services (Cal OES) has received and approved the enclosed subaward modification request, for the subject grant.

Please contact your Program Specialist if you have any questions about this modification.

VSPS GRANTS PROCESSING

Enclosure

c: Subrecipient file Program Specialist

GRANT SUBAWARD MODIFICATION

ES16010420

MAIL TO: California Governor's Office Of Emergency Services						1. Subaward #: ES45-04-0420				
3650 Schriever Ave Mather, CA 95655:							2. Modification # 3			
2 Cubrasi	a; a 10 f ll 10 a 1 a 1 a 1 a 1 a 1		Contr	Dorboro C	` `amfu.	ī		z. mounioano	JII# <u>U</u>	
	oient/Implemer			a Barbara C		Cuatam				
4. Project Title: Electronic Suspected Child Abuse Reporting System Shawna Jorganaan 2005 Face 2009										
	Contact Person: Shawna Jorgensen Phone: 805-568-2303 Fax: 805-568-239 Email Address: siorgensen@co.santa-barbara.ca.us 6. Performance Period: 1/1/2017 to 12/31/2018									
7 Dayman	nt Mailing Addr	96115611(0)	Santa Ra	rborg Stroo	<u>©</u> 6. Perf t Sonto F	ormance Per	iod: 1/1/201	17 to _	12/31/2018	
7. Fayinei	it ivialling Addi	ess. 1112	- Oanta Da				4 93101		Check he	re if new.
	8. Revision to Budget Current Allocation Required Match									
FISCAL	Select	Α.	В.	C.	Fund	A.	В.	C.	Matak	
YEAR	Acronym from list	Personal Services	Operating Expenses	Equipment	Total	Personal Services	Operating Expenses	Equipment	Match Total	Total
15	CJA0	4		,	\$0		LAPONOCO		\$0	\$0
16	CJA0	•		.*	\$0				\$0	\$0
17	CJA0				\$0				\$0	\$0
Yr	Fund				\$0		. /		\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change (add (+) or subtract (-) from budgeted amount)										
15	CJA0				\$0				\$0	\$0
16	CJA0		No		\$0				\$0	\$0
17	CJA0	C	la canal a		\$0				\$0	\$0
Yr	Fund				\$0			1	\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation										
15	CJA0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16	CJA0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
17	CJA0	\$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. Justifica	ation for Modi	fication: (If	necessary	continue the	iustificatio	n on nago 2	1.			
	needed to up				Justinoatio	n on page a	·. <i>j</i>	n .	Cneck	to Total
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	oient Approvals				arth Calaria (No.	PULLARY.	8,28,28,7,4			學的學習
Joyce E_Dudley Michael Soderman										
Project Director (typed name) Financial Officer (typed name)										
Project Director Signature Date Financial Officer Signature Date										
6			()	Cal OES U		ai Officer Signa	ature		Date	WWW.
Carolsyapa	oroval Signatures → <2	Strate is			⊗					
Program Spe	dialist			Tate 1	<u>Unit</u>	Chief			B.4	
show a confidence of the state										
Grants Processing Date Date										
AUG 2 8 2018										
		*			121					11
Grant Subawar	d Modification –	Cal OES 2-22	3 (Revised 10)	(2017)				BŶ: 60	63648	3

GRANT SUBAWARD MODIFICATION Cal OES 2-223 INSTRUCTIONS

Justification for Modification (cont.)

Project Contact Information Form changes:

The Financial Officer changed from Kerry Bierman to Michael Soderman.

The Routine Programmatic has changed from Kelly Scott to Megan Rheinschild.

The Routine Fiscal Responsibility has changed from Michael Soderman to Shawna Jorgensen.

The Chair of the Governing Board has changed from Peter Adam to Das Williams.

PROJECT CONTACT INFORMATION

Subrecipient: Santa Barbara County District Attorney's Office Subaward #: ES 16 01 0420
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: Joyce Dudley Title: District Attorney
Telephone #: (805) 568-2306 Fax#: (805) 568-2398 Email Address: jdudley@co.santa-barbara.ca.us Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara, CA 93101
2. The Financial Officer for the project:
Name: Michael Soderman Title: Administrative Director
Telephone #: (805) 568-2304 Fax#: (805) 568-2398 Email Address: mdsoderman@co.santa-barbara.ca.us Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara, CA 93101
3. The person having Routine Programmatic responsibility for the project:
Name: Megan Rheinschild Title: Victim Witness Program Director
Telephone #: (805) 568-2408 Fax#: (805) 568-2398 Email Address: mrlker@co.santa-barbara.ca.us Address/City/Zlp: 1112 Santa Barbara Street, Santa Barbara, CA 93101
4. The person having Routine Fiscal Responsibility for the project:
Name: Shawna Jorgensen Title: Business Manager
Telephone #: (805) 568-2303 Fax#: (805) 568-2398 Email Address: sjorgensen@co.santa-barbara.ca.us Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara, CA 93101
5. The <u>Executive Director</u> of a Community Based Orgranization or the <u>Chief Executive Officer</u> (i.e., chief of police, superintendent of schools) of the implementing agency:
Name: Joyce Dudley Title: District Attorney
Telephone #: (805) 568-2306 Fax#: (805) 568-2398 Email Address: jdudley@co.santa-barbara.ca.us Address/Glty/Zlp: 1112 Santa Barbara Street, Santa Barbara, CA 93101
 The <u>Official Designatedby</u> the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet:
Name: Joyce Dudley Title: District Attorney
Telephone # (805) 568-2306 Fax#: (805) 568-2398 Email Address: Jdudley@co.santa-barbara.ca.us Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara, CA 93101
7. The <u>chair of the Governing Body</u> of the subrecipient:
Name: Das Williams Title: Chair, Board of Supervisors
Telephone #: (805) 568-2186 Fax#: (805) 568-2534 Email Address: dwilliams@co.santa-barbara.ca.us Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara, CA 93101

Project Contact Information Cal OES 2-102 (Revised 3/2018)

SIGNATURE AUTHORIZATION

Subaward #:

ES 15 01 0420

Santa Barbara County, District Attorney's Office Subrecipient: Electronic Suspected Child Abuse Reporting System Program Implementing Agency: *The Project Director and Financial Officer are REQUIRED to sign this form. Joyce E. Dudley *Financial Officer: Michael Soderman *Project Director: Signature: Signature: Date: Date: The following persons are authorized to sign for the The following persons are authorized to sign for the **Project Director** Financial Officer Signature John Savrnoch Shawna Jorgensen **Print Name** Print Name Signature () Signature Megan Rheinschild **Print Name Print Name** Signature Signature Print Name Print Name Signature -Signature **Print Name Print Name** Signature Signature Print Name Print Name