

**Sierra County  
Board of Supervisors'  
Agenda Transmittal &  
Record of Proceedings**

<b>MEETING DATE:</b> June 7, 2016	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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**DEPARTMENT:** District Attorney  
**APPROVING PARTY:** Lawrence R. Allen  
**PHONE NUMBER:** 530-289-3269

**AGENDA ITEM:** Approval of revised CalOES Certification of Assurance of Compliance for the 2015/2016 California Governor's Office of Emergency Services (OES) Victim/Witness Grant.

**SUPPORTIVE DOCUMENTS ATTACHED:**  Memo  Resolution  Agreement  Other Grant

**BACKGROUND INFORMATION:** Revised CalOES Certification of Assurance of Compliance signature form per request of CalOES for 2015/2016 fiscal year.

**FUNDING SOURCE:**  
**GENERAL FUND IMPACT:** No General Fund Impact  
**OTHER FUND:**  
**AMOUNT:** \$ N/A

**ARE ADDITIONAL PERSONNEL REQUIRED?**  
  
 Yes, -- --  
 No

**IS THIS ITEM ALLOCATED IN THE BUDGET?**  Yes  No  
  
**IS A BUDGET TRANSFER REQUIRED?**  Yes  No

**SPACE BELOW FOR CLERK'S USE**

<p><b>BOARD ACTION:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken</p>	<p><input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____</p>	<p>Resolution 2015- _____ Agreement 2015- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus</p>
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**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLERK TO THE BOARD \_\_\_\_\_ DATE \_\_\_\_\_

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 of perjury under the laws of the State of California.

Authorized Official's Signature: 

Authorized Official's Typed Name: Lawrence R. Allen

Authorized Official's Title: District Attorney

Date Executed: August 11, 2015

Federal Employer ID #: 946000536 Federal DUNS # 040482804

Current Central Contractor Registration Expiration Date: 08/11/2016

Executed in the City/County of: Downieville/Sierra

**AUTHORIZED BY:** *(not applicable to State agencies)*

- City Financial Officer
- City Manager
- Governing Board Chair

- County Financial Officer
- County Manager

Signature: \_\_\_\_\_

Typed Name: Lee Adams

Title: Chair, District 1, Board of Supervisors



**Cal OES**  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

**Application Cover Sheet**

**RFA PROCESS**

**VICTIM/WITNESS ASSISTANCE PROGRAM**

Submitted by:

**Sierra County Victim/Witness Assistance Program  
100 Courthouse Square  
PO Box 457  
Downieville, CA 95936**

**AGREEMENT 2015-095 September 1, 2015**

(Cal OES Use Only)						
Cal OES#		FIPS#		VS #		Subaward #

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

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

- 1. Subrecipient:** County of Sierra **1a. DUNS#:** 040482804
- 2. Implementing Agency:** District Attorney/Public Administrator, Sierra County **2a. DUNS#:** 040482804
- 3. Implementing Agency Address:** PO Box 457 Downieville 95936-0457
- Street City Zip+4
- 4. Location of Project:** Downieville/Loyalton Sierra 95936-0457
- City County Zip+4
- 5. Disaster/Program Title:** Sierra County Victim/Witness Assistance Program **6. Performance Period:** 07/01/2015 to 06/30/2016
- 7. Indirect Cost Rate:**  N/A;  10% de minimis;  Federally Approved ICR \_\_\_\_\_ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2015	8. VOCA		\$ 37,933				\$ 0	\$ 37,933
2015	9. VWA0	\$ 16,297					\$ 0	\$ 16,297
Select	10. Select						\$ 0	\$ 0
Select	11. Select						\$ 0	\$ 0
	<b>12. TOTALS</b>	\$ 16,297	\$ 37,933	\$ 54,230	\$ 0	\$ 0	\$ 0	<b>12. G Total Project Cost: \$ 54,230</b>

**13. This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.**

**14. Official Authorized to Sign for Subrecipient:** Lawrence R. Allen **15. Federal Employer ID Number:** 946000536

Name: Lawrence R. Allen Title: District Attorney

Telephone: 530.289.3269 (area code) FAX: 530.289.2822 (area code) Email: larryallen@sierracounty.ca.gov

Payment Mailing Address: PO Box 457 City: Downieville Zip+4: 95936-0457

Signature: *Lawrence R. Allen* Date: 11 Aug 2015

**(FOR Cal OES USE ONLY)**

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
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**PROJECT CONTACT INFORMATION**

Subrecipient: County of Sierra

Subaward #: VW15210460

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: Lawrence R. Allen Title: District Attorney

Telephone #: 530.289.3269 Fax#: 530.289.2822 Email Address: larryallen@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 247, Downieville, CA 95936

2. The **Financial Officer** for the project:

Name: Van Maddox Title: Auditor

Telephone #: 530.289.3286 Fax#: 530.289.2829 Email Address: auditor@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 376, Downieville, CA 95936

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Sandy Marshall Title: Program Coordinator

Telephone #: 530.289.3269 Fax#: 530.289.2822 Email Address: smarshall@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 457, Downieville, CA 95936

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Sandy Marshall Title: Administrative Assistant III/Fiscal Agent

Telephone #: 530.289.3269 Fax#: 530.289.2822 Email Address: smarshall@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 457, Downieville, CA 95936

5. The **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Lawrence R. Allen Title: District Attorney

Telephone #: 530.289.3269 Fax#: 530.289.2822 Email Address: larryallen@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 457, Downieville, CA 95936

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet:

Name: Lawrence R. Allen Title: District Attorney

Telephone #: 530.289.3269 Fax#: 530.289.2822 Email Address: larryallen@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box 457, Downieville, CA 95936

7. The **chair** of the **Governing Body** of the subrecipient:

Name: Jim Beard Title: Chair, District 4, Board of Supervisors

Telephone #: 530.289.3295 Fax#: 530.289.2830 Email Address: jbeard@sierracounty.ca.gov  
Address/City/Zip: 100 Courthouse Square/PO Box D, Downieville, CA 95936

**SIGNATURE AUTHORIZATION**

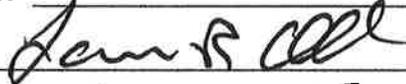
Subaward #: VW15210460

Subrecipient: County of Sierra

Implementing Agency: District Attorney

\*The Project Director and Financial Officer are **REQUIRED** to sign this form.

\*Project Director: Lawrence R. Allen

Signature: 

Date: 11 Aug 2015

\*Financial Officer: Van Maddox

Signature: 

Date: 8-12-15

The following persons are authorized to sign for the  
**Project Director**

_____
Signature
_____
Print Name
_____
Signature
_____
Print Name
_____
Signature
_____
Print Name
_____
Signature
_____
Print Name
_____
Signature
_____
Print Name

The following persons are authorized to sign for the  
**Financial Officer**

_____
Signature
<u></u>
Caleb Nelson, CPA
_____
Print Name
_____
Signature
_____
Print Name
_____
Signature
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Print Name
_____
Signature
_____
Print Name
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Signature
_____
Print Name

**CERTIFICATION OF ASSURANCE OF COMPLIANCE  
Victims of Crime Act (VOCA) Fund**

I, Lawrence R. Allen hereby certify that  
(official authorized to sign grant award; same person as Section 14 on Grant Award Face Sheet)

RECIPIENT: County of Sierra

IMPLEMENTING AGENCY: District Attorney

PROJECT TITLE: Sierra County Victim/Witness Assistance Program

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

**I. Federal Grant Funds**

Recipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Recipient Handbook for more detail.

- The above named recipient receives \$750,000 or more in federal grant funds annually.
- The above named recipient does not receive \$750,000 or more in federal grant funds annually.

**II. Equal Employment Opportunity – (Recipient Handbook Section 2151)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Van Maddox

Title: Sierra County Auditor

Address: PO Box 376, Downieville, CA 95936

Phone: 530.289.3286

Email: auditor@sierracounty.ca.gov

**III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)**

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

**IV. California Environmental Quality Act (CEQA) – (Recipient 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 – (Recipient 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 – (Recipient 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 to obtain 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 Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient 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.

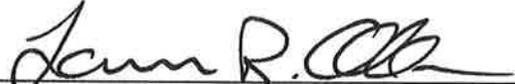
**VIII. Special Condition for Grant Awards with Victims of Crime Act (VOCA) Fund**

- The grant recipient agrees to administer the grant in accordance with the VOCA, the VOCA Program Guidelines, and the Office of Justice Programs Financial Guide.

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 Recipient may be ineligible for award of any future grants if the Cal OES determines that any of the following has occurred: (1) the Recipient 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 Grant Award Agreement [Section 14 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient 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 of perjury under the laws of the State of California.

Authorized Official's Signature: 

Authorized Official's Typed Name: Lawrence R. Allen

Authorized Official's Title: District Attorney

Date Executed: August 11, 2015

Federal Employer ID #: 946000536 Federal DUNS # 040482804

Current Central Contractor Registration Expiration Date: 08/11/2016

Executed in the City/County of: Downieville/Sierra

**AUTHORIZED BY:** *(not applicable to State agencies)*

- |   |   |
|---|---|
| <input type="checkbox"/> City Financial Officer           | <input type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager                     | <input type="checkbox"/> County Manager           |
| <input checked="" type="checkbox"/> Governing Board Chair |   |

Signature: 

Typed Name: Jim Beard

Title: Chair, District 4, Board of Supervisors

**Project Narrative**

**PROBLEM STATEMENT:** The Sierra County Victim/Witness Assistance Program was created in 1990 as a two day a week program under the supervision of Nevada County Victim/Witness Program in the Nevada County Probation Department. In 1992 the program moved to Sierra County and was supervised by the Sierra County Probation Department. The position of Coordinator gradually increased from two days a week to full-time in 2001. In 2003 the program moved to the Sierra County District Attorney's Office. The position of Coordinator was held by the same person since the program began in 1990 to 2013.

Fiscal year 2013/2014 came with new changes. The Victim/Witness Program was reduced to three days a week. Two days a week in Loyalton and one day a week in Downieville, the County seat and location of the Sierra County Courthouse. This provides services to both sides of Sierra County which are separated by fifty miles.

Sierra County is a very rural small county with approximately 3500 residents. Sierra County has many unique challenges. Rugged remoteness and harsh weather are just two of the contributing factors to a small population of independent and self-reliant folks. High mountains and deep river canyons make cell phones unreliable and travel treacherous. The drive from Downieville (2700 feet) to Loyalton (5000 feet) is 100 miles round-trip with a 7000 foot pass in-between. Victims of all crimes are assisted by the Sierra County Victim/Witness Assistance Program. The crimes most commonly occurring in Sierra County are "acquaintance crimes" like domestic violence, child molest and statutory rape; rather than "stranger crimes" such as car theft, robbery or muggings.

**AGREEMENT 2015-095 September 1, 2015**

Subrecipient: Sierra County Subaward #: VW15210460

**PLAN AND CAPABILITIES:** The Sierra County Victim/Witness Assistance Program will continue to be administered through the office of the District Attorney with part-time staff providing all services.

All mandatory services such as crisis intervention, emergency assistance, resource/referral counseling, direct counseling, orientation to the criminal justice system, court support, assistance with CalVCP claims, property return, case status/disposition, family notification and restitution will be provided to our identified victims.

The Sierra County Victim/Witness Assistance Program has reached every crime victim in Sierra County with all mandatory and most optional services. All victims on both sides of the county will be served despite the remoteness and severe weather conditions. Special needs victims will receive home visits, translation services and any other kind of help required.

Child and mentally handicapped victims can be interviewed in the Multidisciplinary Interview Center at the Family Resource Center located in Loyalton. The Superior Court is equipped with four Endersound assisted listening systems for the hearing impaired. If needed, the Probation Department employs multilingual staff for translation services.

Domestic Violence and Sexual Assault victims are seen at the Family Justice Center which houses Victim/Witness, Sierra SAFE and the District Attorney's Office.

We receive referrals and have working relationships with the Sheriff's Office, California Highway Patrol, District Attorney's Office, Probation Department, Human Services and Mental Health. The Sierra Court refers requests for restraining orders also.

The 2014/2015 fiscal year brought changes to the program. Since the program is now three days a week, two days in Loyalton at the Family Justice Center, along with the Sierra SAFE Program who is the provider for sexual assault and domestic violence, and one day a week in the District Attorney's Office located in Downieville in the Sierra County Courthouse.

This schedule has worked out well with court dates for Victim/Witness cases calendared on

AGREEMENT 2015-095 September 1, 2015

Subrecipient: Sierra County Subaward #: VW15210460

Fridays. Both locations provide a safe and secure environment.

Home visits are arranged for those unable to get to either office for restraining orders, victim compensation assistance, counseling, or other support services.

The Program Directors of Victim/Witness and Sierra SAFE agree to coordinate services.

The Victim/Witness Coordinator has an agreement with the Sierra Superior Court which allows Restraining orders to be assisted in Loyalton at the Family Justice Center and are scanned to the Courthouse in Downieville to be processed and signed.

Victim/Witness is also joined with the Community Corrections Partnership (CCP) and recently started collaborating with the Sheriff's Office with the Victim Information Notification Everyday (VINE) Program.

Volunteers are not as useful in a small county as they may be in large counties. There is little for them to do and in a place where everyone knows each other, there may be conflicts with volunteers and victims. At this time, three days a week I have two volunteers in Loyalton. They work for Sierra SAFE also and are in the office the days the advocate is in Downieville. They assist in phone calls, walk-ins and counseling. There is also access to a few trained volunteers from the Crisis Line who have offered to help should the need arise.

**Budget Narrative**

**Personal Expenses**

The Sierra County Victim/Witness Assistance Program operates three days per week. The Coordinator has the following responsibilities: Clerical, advocacy, grant writing, administration and counseling required by the program to meet its goals and objectives.

**Operating Expenses**

After personal expenses were deducted, there was \$999.00 dollars left in the 2015/2016 Grant Funds to be used in operating expenses. This will be used for one mandatory meeting in Alturas, CA and office supplies.







<b>PROJECT SUMMARY</b>	
<b>1. Subaward #:</b> VW15210460	<b>3. PERFORMANCE PERIOD</b>
<b>2. PROJECT TITLE</b> Sierra County Victim/Witness Assistance Program	07/01/2015 to 06/30/2016
<b>4. SUBRECIPIENT</b>	<b>5. GRANT AMOUNT</b>
Name: County of Sierra Phone: 530.289.3269	(this is the same amount as 12G of the Grant Subaward Face Sheet)
Address: PO Box 457 Fax #: 530.289.2822	\$ 54,230
City: Downieville Zip: 95936	
<b>6. IMPLEMENTING AGENCY</b>	
Name: Sierra County District Attorney Phone: 530.289.3269 Fax #: 530.289.2822	
Address: PO Box 457 City: Downieville Zip: 95936	
<b>7. PROGRAM DESCRIPTION</b>	
The Sierra County Victim/Assistance Program is a one person office which serves all victims of crime in Sierra County.	
<b>8. PROBLEM STATEMENT</b>	
Sierra County is a sparsely populated rural mountainous county forty miles north of Lake Tahoe (from Loyalton) and fifty miles from Grass Valley (from Downieville). Services for crime victims are difficult to deliver due to mountainous roads, inclement weather, lack of cell service and inadequate funding.	
<b>9. OBJECTIVES</b>	
To deliver all mandatory and most optional services to all crime victims, and to enhance victim services by participating in collaborations which make delivery of services more comprehensive.	

**AGREEMENT 2015-095 September 1, 2015**

**10. ACTIVITIES**

Co-partner in the Family Justice Center with Sierra SAFE Program, referral agency for the Sierra Superior Court for all restraining orders, Community Corrections Partnership (CCP) and Victim Information Notification Everyday (VINE).

**11. EVALUATION** (if applicable)

**12. NUMBER OF CLIENTS**

(if applicable)

75

**13. PROJECT BUDGET**

(these are the same amounts as on Budget Pages)

	<b>Personal Services</b>	<b>Operating Expenses</b>	<b>Equipment</b>	<b>TOTAL</b>
	\$53,231	\$999		\$54,230
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Totals:</b>	\$53,231	\$999	\$0	\$54,230

**Operational Agreements (OA) Summary Form**

List of Agencies/Organizations/Individuals	Date OA Signed (xx/xx/xxxx)	Dates of OA From: To:	
1. Sierra County Sheriff	05/19/14	07/01/14	to 06/30/17
2. Sierra SAFE Program	07/01/14	07/01/14	to 06/30/17
3. Plumas Crisis Intervention and Resource Center	07/07/14	07/01/14	to 06/30/17
4. Sierra County Child Abuse Prevention Council	07/07/14	07/01/14	to 06/30/17
5. Sierra County Health & Human Services	05/16/14	07/01/14	to 06/30/17
6. CHAT Program	03/26/13	10/01/12	to 09/30/15
7.			to
8.			to
9.			to
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13.			to
14.			to
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17.			to
18.			to
19.			to
20.			to

Use additional pages if necessary.

**AGREEMENT 2015-095 September 1, 2015**

**SIERRA COUNTY VICTIM/WITNESS ORGANIZATIONAL CHART**

**DISTRICT ATTORNEY**

**VICTIM/WITNESS COORDINATOR**

**PROJECT SERVICE AREA INFORMATION**

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

\*Sierra

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

\*1

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

\*1

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

\*1

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

3240