Sierra County
Board of Supervisors’
Agenda Transmittal &
Record of Proceedings

**Meeting Date:** September 3, 2019

**Type of Agenda Item:**
- [ ] Regular
- [ ] Timed
- [x] Consent

**Department:** District Attorney

**Approving Party:** Sandra A. Groven

**Phone Number:** 530-289-3269

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>Resolution approving the California Office of Emergency Services (CalOES) 2019/2020 Victim/Witness Grant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Documents Attached:</td>
<td>[ ] Memo  [x] Resolution  [ ] Agreement  [ ] Other</td>
</tr>
<tr>
<td>Resolution and application for annual grant.</td>
<td></td>
</tr>
</tbody>
</table>

**Background Information:**

**Funding Source:**

**General Fund Impact:** No General Fund Impact

**Other Fund:**

**Amount:** $ N/A

**Are Additional Personnel Required?**

- [ ] Yes, -- --
- [x] No

**Is This Item Allocated in the Budget?**

- [ ] Yes  [x] No

**Is a Budget Transfer Required?**

- [ ] Yes  [x] No

**Space Below for Clerk’s Use**

<table>
<thead>
<tr>
<th>Board Action:</th>
<th>Set public hearing  For: ______________  Resolution 2019- ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Approved</td>
<td>[ ] Approved as amended  Agreement 2019- ____________  Vote:</td>
</tr>
<tr>
<td>[ ] Adopted</td>
<td>[ ] Adopted as amended  Ordnance ______________  Ayes:</td>
</tr>
<tr>
<td>[ ] Denied</td>
<td>[ ] Other  [ ] Continued to: ______________  Noes:</td>
</tr>
<tr>
<td>[ ] No Action Taken</td>
<td>[ ] Authorization given to: ______________  Abstain:</td>
</tr>
</tbody>
</table>

**Vote:**

- [ ] Ayes:
- [ ] Noes:
- [ ] Abstain:
- [ ] Absent:
- [x] By Consensus

**Comments:**

________________________________________  ____________
Clerk to the Board  Date
IN THE MATTER OF AUTHORIZING THE COUNTY DISTRICT ATTORNEY TO HAVE SIGNING AUTHORITY FOR THE SIERRA COUNTY VICTIM/WITNESS ASSISTANCE PROGRAM GRANT

RESOLUTION 2019-____

THE BOARD OF SUPERVISORS OF THE COUNTY OF SIERRA HEREBY RESOLVES AS FOLLOWS:

WHEREAS, the Board of Supervisors has contracted with the California Office of Emergency Services to provide victim services through the Sierra County Victim/Witness Assistance Program.

WHEREAS, from time to time documents will need to be signed promptly, and,

WHEREAS, the District Attorney’s Office will be administering the daily interface with the respective agencies;

NOW, THEREFORE BE IT RESOLVED, by the Board of Supervisors of the County of Sierra authorizes the District Attorney to act as Authorizing Officer to sign the necessary documents, which include amendments and extensions to maintain the Sierra County Victim/Witness Assistance Program.

ADOPTED by the Board of Supervisors of the County of Sierra on the 3rd day of September, 2019, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

COUNTY OF SIERRA:

_____________________________
PAUL ROEN
CHAIRMAN OF THE BOARD

ATTEST: APPROVED AS TO FORM:

_____________________________  _______________________________
HEATHER FOSTER  DAVID PRENTICE
CLERK OF THE BOARD  COUNTY COUNSEL
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 Grant Subaward [Section 15 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: Sandra A. Groven
Authorized Official’s Title: District Attorney
Date Executed: August 12, 2019
Federal Employer ID #: 946000536 Federal DUNS #: 040482804
Current System for Award Management (SAM) Expiration Date: 03/13/2020
Executed in the City/County of: Downieville, Sierra

AUTHORIZED BY: (not applicable to State agencies)

☐ City Financial Officer ☐ County Financial Officer
☐ City Manager ☐ County Manager
☐ Governing Board Chair

Signature: ____________________________________________
Typed Name: Paul Roen
Title: Chair, District 3, Board of Supervisors