



County of Santa Cruz

0027

DISTRICT ATTORNEY'S OFFICE

701 OCEAN STREET, ROOM 200, P.O. BOX 1159, SANTA CRUZ, CA 95060

(831) 454-2400 FAX: (831) 454-2227 E-MAIL: dao@co.santa-cruz.ca.us

KATHRYN CANLIS
DISTRICT ATTORNEY

August 5, 2002

BOARD AGENDA: August 20, 2002

Members of the Board of Supervisors
Governmental Center
701 Ocean Street, Room 500
Santa Cruz, California 95060

**RE: FISCAL YEAR 2002-2003 VICTIM-WITNESS ASSISTANCE CENTER OFFICE
OF CRIMINAL JUSTICE PLANNING STANDARD AGREEMENT GRANT
AWARD**

Dear Members of the Board:

We are currently in the process of re-applying to the Office of Criminal Justice Planning for funds in the amount of \$199,927 for operation of the Victim/Witness Assistance Center for fiscal year 2002-2003. Our office was awarded a total of \$404,322 in the previous two years of this grant cycle. This brings the total award to \$604,249.

The Victim/Witness Assistance Program offers financial, emotional and informational assistance to victims and witnesses of crime in Santa Cruz County. These services are fully funded by revenues from the State Office of Criminal Justice Planning (OCJP). Our application also includes a request for the recovery of indirect costs.

A copy of our Joint Powers Agreement will be placed on file for your review with the Clerk of the Board. We will continue to notify your Board of any changes to the fiscal year 2002-2003 Victim/Witness Assistance Program, in accordance with applicable County procedures.

WATSONVILLE OFFICE

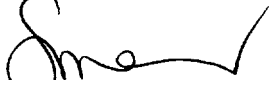
☐ P.O. BOX 228 • FREEDOM, CA 95019 • 1430 FREEDOM BLVD. • WATSONVILLE, CA 95076 • TEL: (831) 763-8166 • FAX: (831) 763-8029

THEREFORE, IT IS RECOMMENDED THAT YOUR BOARD adopt a Resolution authorizing the District Attorney to reapply to the Governor's Office of Criminal Justice for funding for operation of the Victim/Witness Assistance Center.

Sincerely,


KATHRYN CANLIS
DISTRICT ATTORNEY

RECOMMENDED:



SUSAN A. MAURIELLO
COUNTY ADMINISTRATIVE OFFICER

vw ocjp ltr & res a]

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

0029

RESOLUTION NO.

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted

RESOLUTION RATIFYING THE DISTRICT ATTORNEY'S APPLICATION FOR FUNDS BEGINNING
JULY 1, 2002 AND ENDING JUNE 30, 2003 FOR A VICTIM/WITNESS ASSISTANCE PROGRAM
ADMINISTERED BY THE OFFICE OF CRIMINAL JUSTICE PLANNING

WHEREAS, the County of Santa Cruz County desires to undertake a certain project
designated the Victim/Witness Assistance Program, to be funded in part from
funds made available through Chapter 1312, 1983 Statutes (California
Victim/Witness Assistance Program) administered by the Office of Criminal
Justice Planning (hereafter referred to as OCJP).

NOW, THEREFORE, THE BOARD OF SUPERVISORS RESOLVES AND ORDERS that the
District Attorney of the County of Santa Cruz is authorized, on its behalf, to
submit an application for state funds to the Office of Criminal Justice
Planning for a Victim/Witness Assistance Program, and is authorized to execute
on behalf of the Board of Supervisors of Santa Cruz County the attached Grant
Award Agreement, including any extensions or amendments thereof.

BE IT RESOLVED that grant funds received hereunder shall not be used to
supplant expenditures controlled by this body.

BE IT FURTHER RESOLVED that applicant agrees to provide all matching funds
required for said project (including any amendments thereof) under the program
and the funding terms and conditions of OCJP, and that the 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 grantee and the authorizing agency. The State of
California and the OCJP disclaim responsibility for any such liability.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this ____ day of _____ 2002, by the following vote:

VOTE:

AYES:

NOES:

ABSENT:

ABSTAIN:

JANET K. BEAUTZ

CHAIRPERSON OF THE BOARD

ATTEST: _____
Clerk of Said Board

APPROVED AS TO FORM:



Assistant County Counsel

DISTRIBUTION: District Attorney
County Counsel
Auditor, CAO

STANDARD AGREEMENTAPPROVED BY THE
ATTORNEY GENERAL

STD. 2 (REV. 5-91)

CONTRACT NUMBER

AM. NO.

VW00190440

TAXPAYERS FEDERAL ID. NUMBER

THIS AGREEMENT, made and entered into this _____ day of _____

State of California, by and between State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE

AGENCY

Executive Director**Office of Criminal Justice Planning**

, hereafter called the State, and

CONTRACTORS NAME

County of Santa Cruz

, hereafter called the Contractor,

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: (Set forth services to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)

Grant Award Agreement No. VW00190440 between the parties hereto is hereby amended to increase the Federal Amount by \$ 88,387 from \$92,387 to \$180,774; to increase the State Amount by \$111,540 from \$311,935 to \$423,475; to increase the total Project Cost by \$199,927 from \$404,322 to \$604,249; and to change the ending date from June 30, 2002 to June 30, 2003.**

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

**** The required 20% VOCA match is included in the State funds.**

CONTINUED ON _____ SHEETS, EACH BEARING NAME OF CONTRACTOR AND CONTRACT NUMBER.

The provisions on the reverse side hereof constitute a part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		CONTRACTOR		
AGENCY Office of Criminal Justice Planning		CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.) County of Santa Cruz		
BY (AUTHORIZED SIGNATURE) D For		BY (AUTHORIZED SIGNATURE) 		
PRINTED NAME OF PERSON SIGNING N. Allen Sawyer		PRINTED NAME OF AND TITLE OF PERSON SIGNING KATHRYN CANLIS, DISTRICT ATTORNEY		
TITLE Interim Executive Director		ADDRESS 701 Ocean Street, Room 200 Santa Cruz, CA 95060		
AMOUNT ENCUMBERED BY THIS DOCUMENT \$ PR OR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ TOTAL AMOUNT ENCUMBERED TO DATE \$	PROGRAM/CATEGORY (CODE AND TITLE) (OPTIONAL USE)		FUND TITLE Department of General Services Use Only	
	ITEM	CHAPTER		STATUTE
	FISCAL YEAR			
OBJECT OF EXPENDITURE (CODE AND TITLE)				
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	B.R. NO.	
SIGNATURE OF ACCOUNTING OFFICER D		DATE		

☐ CONTRACTOR ☐ STATE AGENCY ☐ DEPT. OF GEN. SER. ☐ CONTROLLER ☐

PROJECT CONTACT INFORMATION

0031

Applicant: COUNTY OF SANTA CRUZ

Implementing Agency (if applicable): DISTRICT ATTORNEY'S OFFICE

Project Title: VICTIM WITNESS ASSISTANCE PROGRAM

Grant Number (to be added by OCJP): _____

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The person having day-to-day responsibility for the project:

Name: Sylvia L. Nieto
Title: Program Manager
Address: 701 Ocean Street, Room 200, Santa Cruz, CA 95060
Telephone Number: (831) 454-2623 Fax Number: (831) 454-2612
E-Mail Address: vws10@co.santa-cruz.ca.us

2. The person to whom the person listed in # 1 is accountable:

Name: Michael S. McFarland
Title: Chief Deputy-Administration
Address: 701 Ocean Street, Room 200, Santa Cruz, CA 95060
Telephone Number: (831) 454-2529 Fax Number: (831) 454-2227
E-Mail Address: mike.mcfarland@co.santa-cruz.ca.us

3. The executive director of a nonprofit organization or the chief executive officer (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: Kathryn Canlis
Title: District Attorney
Address: 701 Ocean Street, Room 200, Santa Cruz, CA 95060
Telephone Number: (831) 454-2400 Fax Number: (831) 454-2227
E-Mail Address: dao@co.santa-cruz.ca.us

4. The chair of the governing body of the implementing agency: (Provide address and telephone number other than that of the implementing agency.)

Name: Janet K. Beautz
Title: Chairperson, Board of Supervisors
Address: 701 Ocean Street, Room 500, Santa Cruz, CA 95060
Telephone Number: (831) 454-2200 Fax Number: (831) 454-3262
E-Mail Address:

5. The person responsible for the project from the applicant agency, if different than # 1:

Name: Michael S. McFarland
Title: Chief Deputy-Administration
Address: 701 Ocean Street, Room 200, Santa Cruz, CA 95060
Telephone Number: (831) 454-2529 Fax Number: (831) 454-2227
E-Mail Address: mike.mcfarland@co.santa-cruz.ca.us

GOALS AND OBJECTIVES

The county of SANTA CRUZ establishes the following grant objectives:

County	NEW VICTIMS	WITNESSES
Santa Cruz	1,730	N/A

Subgrant	NEW VICTIMS	WITNESSES
Los Angeles County Only		

(General witness services are optional service. Optional services cannot interfere with the delivery of primary mandated services. Witness services objectives cannot exceed 10% of victim objectives, unless specifically authorized by OCJP. Projects must ~~substantially~~ support the need to exceed the 10% limit.)

Project Coordinator

Sylvia R Nieto
(Signature)

August 8, 2002
(Date)

Project Director's Liaison

Kathryn Camlin
(Signature)

August 13, 2002
(Date)

GOALS AND OBJECTIVES

FISCAL YEAR 2002-2003

- 1. GOAL:** To provide services to victims in south county during fiscally challenging times.

OBJECTIVE: To provide services of a bilingual advocate in Watsonville a minimum of one time per month from July, 2002 to June, 2003.
- 2. GOAL:** To work with the Victim Services Advisory Board to improve services to victims of domestic violence.

OBJECTIVE: To research the work of the Duluth Abuse Intervention Project and provide resource materials to the board by September 1, 2002.
- 3. GOAL:** To recognize Victims' Rights Week with a community event for Victims' Rights Week, 2003.

OBJECTIVE: To work with victims, providers and community agencies and develop an event for April, 2003.

BUDGET CATEGORY AND LINE-ITEM DETAIL		Fiscal Year 2000/2001	Fiscal Year 2001/2002	Fiscal Year 2002/2003	Total
A. Personal Services - Salaries/Employee Benefits					
	<u>Subtotal</u>				
1.	<u>.55 FTE Program Manager</u>				
	Annual salary of \$58,931			\$32,412	
	Annual OASDI of \$4,508 \$ 2,479				
	Annual employee insurance of \$4,332 \$ 2,383			\$4,862	
2.	<u>.80 FTE Victim Services Advocate</u>				
	Annual salary of \$41,579			\$33,263	
	Annual PERS retirement at \$2,799 \$ 2,239				
	Annual OASDI of \$3,181 \$ 2,545				
	Annual employee insurance of \$6,356 \$ 5,085			\$9,869	
3.	<u>.60 FTE Victim Services Advocate</u>				
	Annual salary of \$41,579			\$24,947	
	Annual PERS retirement at \$2,799 \$ 1,679				
	Annual OASDI of \$3,181 \$ 1,909				
	Annual employee insurance of \$4,148 \$ 2,489			\$6,077	
4.	<u>1.0 FTE Victim Services Advocate</u>				
	Annual salary of \$36,091			\$36,091	
	Annual PERS retirement at \$2,415 \$ 2,415				
	Annual OASDI of \$2,761 \$ 2,761				
	Annual employee insurance of \$6,336 \$ 6,336			\$11,512	
5.	<u>.80 Clerk II</u>				
	Annual salary of \$26,187			\$20,950	
	Annual PERS retirement at \$1,722 \$ 1,378				
	Annual OASDI of \$2,003 \$ 1,602				
	Annual employee insurance of \$4,060 \$ 3,248			\$6,228	
TOTAL SALARIES & BENEFITS		\$136,631	\$212,714	\$186,211	\$535,556

BUDGET CATEGORY AND LINE-ITEM DETAIL		Fiscal Year 2000/2001	Fiscal Year 2001/2002	Fiscal Year 2002/2003	Total
B. Operating Expenses					
1. <u>Training Requirements</u>					
<u>OCJP mandated training</u>					
A) Registration for 3 staff @ \$200 ea.	\$600				
B) Lodging for 2 dy @ \$78/dy x 3 staff	\$468				
C) Per diem for 3 dy @ \$42/dy x 3 staff	\$378			\$1,446	
<u>OCJP Conference</u>					
A) Registration for 3 staff @ \$200 ea.	\$600				
B) Per diem for 4 dy @ \$42/dy x 3 staff	\$504				
C) Lodging for 3 dy @ \$100/dy x 3 staff	\$900			\$2,004	
2. <u>County Overhead</u>				\$9,520	
<i>An</i> amount, not to exceed 5% of the actual total direct project costs, excluding equipment					
3. <u>Computer services</u>	\$500			\$500	
4. <u>Supplies</u>	\$246			\$246	
TOTAL OPERATING EXPENSES		\$38,375	\$15,868	\$13,716	\$67,959

BUDGET CATEGORY AND LINE-ITEM DETAIL		Fiscal Year 200012001	Fiscal Year 2001/2002	Fiscal Year 2002/2003	Total
C. Equipment					
No equipment					
CATEGORY TOTAL		0	\$734	0	\$734
PROJECT TOTAL		\$175,006	\$229,316	\$199,927	\$604,249
FUND DISTRIBUTION	FEDERAL	STATE	CASH	IN-KIND	TOTAL
1. Amount of Funds	\$88,387	\$111,540	0	0	\$199,927
2. Percentage of Funds	44%	56%	0%	0%	100%

CJP-A303c (Rev. 4/00)