

Appendices

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GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Grant Recipient**

Enter the complete name of the unit of government or community based organization applying for funding (e.g. County of Alameda, City of Fresno or Women's Place of Merced) also referred to as the "recipient".

2. **Implementing Agency**

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department).

3. **Project Title**

Enter the complete title of the project. Do not use acronyms.

4. **Grant Period**

Use the drop down calendars to enter beginning and ending dates of grant cycle.

5A - 10G. **Fund Allocations and Total Project Cost**

From the drop down list, select each fund source used in the program, enter the amount of state or federal funds requested and the amount of cash *and/or* in-kind match contributed. If the source does not appear on the list, enter the acronym for the source in box 8 or 9. Please do not enter both State and Federal fund sources on the same line. Do not use symbols or decimal points. The total in Block 10G should correspond to the total project cost specified in the budget.

11. **Certification Paragraph**

Please review the Certification Paragraph.

12. **Official Authorized to Sign for the Applicant/Grant Recipient**

Enter the signature, Federal Employee Tax Identification number, name, title, address, telephone number (do not use dashes), and e-mail address of the official authorized to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 11 of the Grant Award Face Sheet (OES A301). **Provide an original signature of the authorized official in [blue ink](#) .**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION
GRANT AWARD FACE SHEET (OES A301)**

[FOR OES USE ONLY]	OES ID _____
	Award No. _____

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following:

1. Grant Recipient: _____
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: _____

3. Project Title: _____ **4. Grant Period:** _____ to _____

**Select the fund source(s) from the drop down lists below and enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s) . The total in Block 10G should match your total Project cost.*

*Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
5. Select Source <input type="text"/>						\$	
6. Select Source <input type="text"/>						\$	
7. Select Source <input type="text"/>						\$	
8.						\$	
9.						\$	
10. TOTALS	\$	\$	\$	\$	\$	\$	10G. \$

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Recipient Handbook*, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient: _____

Name: _____ Title: _____

Official Mailing Address: _____ City: _____ Zip: _____

Payment Mailing Address: _____ City: _____ Zip: _____
(if different)

Telephone: _____ (area code) FAX: _____ (area code) Email: _____

Signature _____ Title: _____

[FOR OES USE ONLY]

OES Program Manager

Date

OES Director (or designee)

Date

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number and e-mail address for the **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number and e-mail address for the **Chair** of the **governing body** of the implementing agency. Please provide contact information other than that of the implementing agency.

PROJECT CONTACT INFORMATION

Applicant _____ Grant Number _____ [FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **If a section does not apply to your project, enter "N/A."** 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: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

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

Name: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

3. The **person** having **routine programmatic responsibility** for the project:

Name: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

4. The **person** having **routine fiscal responsibility** for the project:

Name: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

5. 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: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

6. The **Chair** of the **governing body** of the implementing agency: (Provide contact information other than that of the implementing agency)

Name: _____ Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (OES 656), which includes details regarding Equal Employment Opportunity Program (EEO), Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, and Proof of Authority from City Council/Governing Board. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Award Agreement. In signing the Grant Award Face Sheet, the applicant formally notifies OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VI, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, _____ hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

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

I. 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). **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:

Affirmative Action Officer: _____
Title: _____
Address: _____
Phone: _____
Email: _____

II. 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.

III. California Environmental Quality Act (CEQA) - (*Recipient Handbook, Section 2153*)

The California Environmental Quality Act (CEQA) (Public Resources Code, Section 21000 et seq.) requires all 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.

IV. Lobbying - (*Recipient Handbook, Section 2154*)

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.

V. Debarment and Suspension - (*Recipient Handbook, Section 2155*) (*This applies to federally funded grants only.*)

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.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility (with an original signature) 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 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 OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization (in accordance with: *Government Code, Section 25103*) 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. This requirement does not apply to state agencies.

All appropriate documentation must be maintained on file by the project and available for 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 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 12 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 Name: (print) _____

Authorized Official's Title: _____

Date Executed: _____

Federal ID Number: _____

Executed in the City/County of: _____

AUTHORIZED BY: (Not Applicable to State Agencies)

- City/County Financial Officer, or
- City Manager, or
- Governing Board Chair

Signature: _____

Name: (print) _____

Title: _____

ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all subgrant-related matters.**

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to: _____

The following persons are authorized to sign for the:

Project Director:

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

The following persons are authorized to sign for the:

Financial Officer:

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director: _____

Financial Officer: _____

Date: _____

Date: _____

FORM 202 INSTRUCTIONS

1. **RECIPIENT/IMPLEMENTING AGENCY:**
Enter the recipient name and implementing agency as it appears on the approved "Grant Award Face Sheet."
2. **PROJECT TITLE:**
Enter the project title as it appears on the approved "Grant Award Face Sheet."
3. **ADDRESS:**
Enter the mailing address where the recipient payments are to be mailed as specified on the Grant Award Face Sheet or subsequent modifications.
4. **GRANT AWARD NUMBER:**
Enter the recipient award number as it appears on the approved "Grant Award Face Sheet."
5. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) for your organization.
6. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this claim.
7. **PHONE NUMBER:**
Enter the area code and phone number for the contact person.
8. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
9. **FAX NUMBER:**
Enter the area code and fax number for the contact person.
10. **PROJECT IS:**
Enter the appropriate type of agency and percentage of advance requested.
11. **ADVANCE REQUEST:**
Select the acronym for the state program to which the activity applies in the column heading. Enter the state allocations by category. Enter the amount of advance requested in the appropriate column. The advance is for state funds less matching funds, and the percentages are only for the state portion and not for the total grant award.
12. **CERTIFICATION:**
Enter the typed name of the Project Director and the Financial Officer who have authority to sign. Enter the date the 202 is signed. Original signatures are required.

STATE PROJECT ACRONYMS							
CGNG	CALGANG	FV	Family Violence	RCP-GF	Rape Crisis Program- Gen Fund	VWA	Victim Witness Assistance - 0425
CSAE	Child Sexual Abuse / Exploitation Fund 0425	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	WOM	War on Methamphetamine
CSAP	Child Sexual Abuse Prev/Training Gen fund	HTT	High Technology Theft	RLCP	Rural Crime Prevention	YET	Youth Emergency Telephone
EMT	Evidentiary Medical Training	MAGE	Multi-Agency Gang Enforcement	SAFE	Sexual Assault Felony Enforcement-Gen Fund	PA	Parole Advocacy – Fund 0425
DV	Domestic Violence - Gen fund	PPD-GF	Public Prosecut / Defend - Gen Fund	VLRC	Victims Legal Resource Center		
HY	Homeless Youth	PPD	Public Prosecut/Defend - Fund 0241	VPBG	Vertical Prosecution Block Grant		

Reset Form

Print Form

STATE OF CALIFORNIA

GOVERNOR'S OFFICE OF EMERGENCY SERVICES

CERTIFICATION AND REQUEST FOR ADVANCE OF GRANT FUNDS

FORM 202 (REV.7/06)

MAIL TO: OES ACCOUNTING
3650 SCHRIEVER AVENUE
MATHER , CA 95655

(1) RECIPIENT
(1) IMPLEMENTING AGENCY
(2) PROJECT TITLE
(3) ADDRESS

(4) GRANT AWARD NUMBER
(5) FEDERAL EMPLOYER IDENTIFICATION NUMBER

(6) CONTACT PERSON
(7) PHONE NUMBER
(8) E-MAIL ADDRESS
(9) FAX NUMBER

(10) PROJECT IS:
City Government Agency (25% Advance) Quarterly Submissions (OES 203 Required)
County Government Agency (25% Advance) Quarterly Submissions (OES 203 Required)
Public School District (25% Advance) Quarterly Submissions (OES 203 Required)
Indian Tribal Government (25% Advance) Quarterly Submissions (OES 203 Required)
Private Nonprofit Agency (17% Advance Monthly Monthly Submissions, 25% Advance Quarterly Submissions (OES 203 Required))

NOTE: Advances will be liquidated as designated by recipient.

Table with 3 columns: (11) ADVANCE - REQUEST, STATE GRANT: Select from List, ADVANCE REQUESTED. Rows include (A) PERSONAL SERVICES, (B) OPERATING EXPENSES, (C) EQUIPMENT, and TOTAL TO BE PAID.

Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this advance is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and Grant conditions, as provided for in the applicable year Budget Act authority. By signing below, the project director of the implementing agency and the financial officer certify the project is currently unable to pay its outstanding debts and obligations.

Table with 3 columns: (12) TYPED NAME, SIGNATURE, DATE. Rows for PROJECT DIRECTOR and FINANCIAL OFFICER.

GRANT AWARD MODIFICATION

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS
3650 SCHRIEVER AVE.
MATHER, CA 95655

FORM 223 (REV. 8/04)

(1) RECIPIENT	<input type="checkbox"/>
(2) ADDRESS NEW	
(3) PROJECT TITLE	

(4) CONTACT PERSON
(5) E-MAIL ADDRESS
(6) PHONE NUMBER
(7) FAX NUMBER

(8) GRANT PERIOD
(9) RECIPIENT AWARD NUMBER
(10) MODIFICATION NUMBER

(11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION (ENTER ACRONYM)				PROPOSED CHANGE (ENTER ACRONYM)				REVISED ALLOCATION (ENTER ACRONYM)			
A. PERSONAL SERVICES												
B. OPERATING EXPENSES												
C. EQUIPMENT												
TOTAL												

(12) JUSTIFICATION FOR MODIFICATION

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address

1. **RECIPIENT:**
Enter the recipient name as it appears on line #1 of the approved “Grant Award Face Sheet”.
2. **ADDRESS:**
Enter the permanent mailing address where the recipient payments are to be mailed. Check the “NEW” box if there is a change in the address.
3. **PROJECT TITLE:**
Enter the project title as it appears on the approved “Grant Award Face Sheet”.
4. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this form.
5. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
6. **PHONE NUMBER:**
Enter the phone number for the contact person.
7. **FAX NUMBER:**
Enter the fax number for the contact person.
8. **GRANT PERIOD:**
Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the “Grant Award Face Sheet” or as revised by an approved grant award amendment.
9. **RECIPIENT AWARD NUMBER:**
Enter the recipient award number as it appears at the top of the approved “Grant Award Face Sheet”.
10. **MODIFICATION NUMBER:**
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
11. **REVISION TO BUDGET:**
If this modification affects the budget, enter the acronym (see chart below) for the Federal grant OR State program to which the modification applies in the column heading. Enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns.

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern		
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		
STATE PROJECT ACRONYMS							
CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecution / Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program-Gen Fund	VDI	Vertical Defense of Indigents
CSAE	Child Sexual Abuse / Exploitation	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	MAGE	Multi-Agency Gang Enforcement	RP	Rape Prevention	VWA	Victim Witness Assistance
DV	Domestic Violence	PPD-GF	Public Prosecution / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone

12. **JUSTIFICATION FOR MODIFICATION:**
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**
Original signatures of the Project Director and the Financial Officer as shown on the “Grant Award Face Sheet” are required on all modification requests.
14. **OES APPROVAL SIGNATURES:**

For OES internal use only.

State of California

OFFICE OF EMERGENCY SERVICES

GRANT AWARD MODIFICATION

FORM 223 EZ (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS
3650 SCHRIEVER AVE
MATHER, CA 95655

(1) RECIPIENT	<input type="checkbox"/> NEW
(2) ADDRESS	
(3) PROJECT TITLE	

(4) GRANT PERIOD
(5) RECIPIENT AWARD NUMBER
(6) MODIFICATION NUMBER

(7) CONTACT PERSON	(9) PHONE NUMBER
(8) E-MAIL ADDRESS	(10) FAX NUMBER

(11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION		PROPOSED CHANGE		REVISED ALLOCATION	
	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE
A. PERSONAL SERVICES						
B. OPERATING EXPENSES						
C. EQUIPMENT						
TOTAL						

FEDERAL PROJECT ACRONYMS

BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern	JAG	Justice Assistance Grant
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		

STATE PROJECT ACRONYMS

CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecut/Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program- Gen Fund	VDI	Vertical Defense of Indigents
CSAE	Child Sexual Abuse / Exploitation	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	MAGE	Multi-Agency Gang Enforcement	RP	Rape Prevention	VWA	Victim Witness Assistance
DV	Domestic Violence	PPD-GF	Public Prosecut / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone

(12) JUSTIFICATION FOR MODIFICATION

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address

1. **RECIPIENT:**
Enter the recipient name as it appears on line #1 of the approved “Grant Award Face Sheet”.
2. **ADDRESS:**
Enter the permanent mailing address where the recipient payments are to be mailed. Check the “NEW” box if there is a change in the address.
3. **PROJECT TITLE:**
Enter the project title as it appears on the approved “Grant Award Face Sheet”.
4. **GRANT PERIOD:**
Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the “Grant Award Face Sheet” or as revised by an approved grant award amendment.
5. **RECIPIENT AWARD NUMBER:**
Enter the recipient award number as it appears at the top of the approved “Grant Award Face Sheet”.
6. **MODIFICATION NUMBER:**
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
7. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this form.
8. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
9. **PHONE NUMBER:**
Enter the phone number for the contact person.
10. **FAX NUMBER:**
Enter the fax number for the contact person.
11. **REVISION TO BUDGET:**
If this modification affects the budget, enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns. Enter the acronym (see chart) for the Federal grant OR State program to which the modification applies in the column heading.
12. **JUSTIFICATION FOR MODIFICATION:**
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**
Original signatures of the Project Director and the Financial Officer as shown on the “Grant Award Face Sheet” are required on all modification requests.
14. **OES APPROVAL SIGNATURES:**
For OES internal use only.

Governor's Office of Emergency Services

GRANT AWARD NO. _____

GRANT AWARD AMENDMENT

AMENDMENT NO. _____

THIS AMENDMENT, made and entered into on _____ by and between the
Governor's Office of Emergency Services, hereafter designated OES, and the following Administrative Agency,
 _____ hereafter called the Recipient.

WITNESSETH: That the Recipient agrees to the amendment of this Grant Award Agreement as specified below:

IN WITNESS WHEREOF, this Grant Award Amendment has been executed by the parties hereto, upon the date written above.

OFFICE OF EMERGENCY SERVICES (for OES use only)				RECIPIENT		
BY (AUTHORIZED SIGNATURE)				RECIPIENT		
PRINTED NAME OF PERSON SIGNING				BY (AUTHORIZED SIGNATURE)		
TITLE				PRINTED NAME AND TITLE OF PERSON SIGNING		
DATE				ADDRESS		
AMOUNT ENCUMBERED BY THIS DOCUMENT		PROGRAM/CATEGORY (CODE AND TITLE)		FUND TITLE		
\$						
PRIOR AMOUNT ENCUMBERED FOR THIS GRANT AWARD	MATCH	ITEM	CHAPTER	STATUTE	FISCAL YEAR	
\$	\$					
TOTAL AMOUNT ENCUMBERED TO DATE		PCA NUMBER		PROJECT NUMBER		
\$						
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.				FEDERAL CATEGORY NUMBER		
SIGNATURE OF ACCOUNTING OFFICER				DATE		

FORM 201 INSTRUCTIONS

1. **RECIPIENT/IMPLEMENTING AGENCY:**
Enter the recipient name and implementing agency as it appears on the approved "Grant Award Face Sheet."
2. **PROJECT TITLE:**
Enter the project title as it appears on the approved "Grant Award Face Sheet."
3. **ADDRESS:**
Enter the mailing address where the recipient payments are to be mailed as specified on the Grant Award Face Sheet or subsequent modifications.
4. **GRANT AWARD NUMBER:**
Enter the recipient award number as it appears on the approved "Grant Award Face Sheet."
5. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) for your organization.
6. **BILLING PERIOD:**
Enter the time period for the current payment requested (e.g. Jan 04, or Jan – Mar 04). *Check the "FINAL" box when all expenditures for the recipient have been requested.*
7. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**
Enter the area code and phone number for the contact person.
9. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**
Enter the area code and fax number for the contact person.
11. **FEDERAL GRANT / STATE GRANT:**
Select the acronym from the drop down list or select the program from the chart below for the Federal grant OR State program to which the activity applies in the column heading. Enter the current expenditures by category for the funds requested and the applicable match. If your organization was issued an advance, enter amount to be withheld from this claim as a negative number (i.e., -1,000) to offset advance.
12. **TOTAL EXPENDITURES to date:**
This amount is the Total Expenditures for this claim.
13. **CERTIFICATION:**
Enter the typed name of the Project Director and the Financial Officer who have authority to sign. Enter the date the 201 is signed. Original signatures are required.

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act - Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJA	Child Justice Act	FVPS	Family Violence Preventive Services fed funds	PSNN	Project Safe Neighborhood - Northern	JAG	JUSTICE ASSISTANCE GRANT
DVCV	Rural Domestic Violence / Child Victim	PSNE	Project Safe Neighborhood-Eastern	RSAT	Residential Sub Abuse Treatment	SVAA	State wide Victims Assistance Academy
STATE PROJECT ACRONYMS							
CGNG	CALGANG	FV	Family Violence	RCP-GF	Rape Crisis Program- Gen Fund	VWA	Victim Witness Assistance - 0425
CSAE	Child Sexual Abuse / Exploitation Fund 0425	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	WOM	War on Methamphetamine
CSAP	Child Sexual Abuse Prev/Training Gen fund	HTT	High Technology Theft	RLCP	Rural Crime Prevention	YET	Youth Emergency Telephone
EMT	Evidentiary Medical Training	MAGE	Multi-Agency Gang Enforcement	SAFE	Sexual Assault Felony Enforcement-Gen Fund	PA	Parole Advocacy – Fund 0425
DV	Domestic Violence - Gen fund	PPD-GF	Public Prosecut / Defend - Gen Fund	VLRC	Victims Legal Resource Center		
HY	Homeless Youth	PPD	Public Prosecut/Defend - Fund 0241	VPBG	Vertical Prosecution Block Grant		

REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

FORM 201 (REV. 7/06)

MAIL TO: OES ACCOUNTING
3650 SCHRIEVER AVENUE
MATHER , CA 95655

(1) RECIPIENT _____
 (1) IMPLEMENTING AGENCY _____
 (2) PROJECT TITLE _____

 (3) ADDRESS _____

(4) GRANT AWARD NUMBER _____
 (5) FEDERAL EMPLOYER IDENTIFICATION NUMBER _____
 (6) BILLING PERIOD _____ to _____ FINAL

(7) CONTACT PERSON _____
 (8) PHONE NUMBER _____
 (9) E-MAIL ADDRESS _____
 (10) FAX NUMBER _____

	FEDERAL GRANT	FEDERAL GRANT	FEDERAL GRANT	STATE GRANT	STATE GRANT	(12) TOTAL AMOUNT (This Request)
(11) FEDERAL/STATE ACRONYM:	Select from List	Select from List	Select from List	Select From List	Select From List	
CATEGORY - REQUEST						
(A) PERSONAL SERVICES (+)						\$0
(B) OPERATING EXPENSES (+)						\$0
(C) EQUIPMENT (+)						\$0
CATEGORY - MATCH Enter Match as a negative number, i.e. -1000						
(A) PERSONAL SERVICES (-)						\$0
(B) OPERATING EXPENSES (-)						\$0
(C) EQUIPMENT (-)						\$0
ADVANCE - RECOUPED Enter Advance as a negative number, i.e. -1000						
(A) PERSONAL SERVICES (-)						\$0
(B) OPERATING EXPENSES (-)						\$0
(C) EQUIPMENT (-)						\$0
TOTAL TO BE PAID	\$0	\$0	\$0	\$0	\$0	\$0

Under penalty of perjury, I certify I am the duly authorized officer of the claimant herein; this claim is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and grant conditions; and, this claim is for all approved costs incurred within the Grant Performance Period and/or an advance of funds as provided for in the applicable year Budget Act authority.

(13) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (Applicant Agency) and the (Agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (Jurisdiction). Both agencies believe that implementation of the (Program) application, as describe herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (Applicant Agency) project will closely coordinate the following services with the (Agency) through:

- Project staff being readily available to (Agency) for service provision through (describe arrangements with the Agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

* Specifically:

[Empty dashed box for specific details]

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

[Empty dashed box for specific activities]

We, the undersigned, as authorized representatives of (Applicant Agency) and (Agency) do hereby approve this document.

_____ For

_____ Date

_____ For

_____ Date

NONCOMPETITIVE BID REQUEST CHECKLIST

Has the applicant/recipient met the following requirements of the Recipient Handbook:

Check appropriate box: Yes No

Section 3511

Do conditions exist that require a sole/single-source contract? [radio] [radio]

Section 3521.1

Is a brief description of the program or project included? [radio] [radio]

Section 3521.2

Was it necessary to contract noncompetitively? [radio] [radio]

Did the contractor submit his/her qualifications? [radio] [radio]

Is the reasonableness of the cost justified? [radio] [radio]

Were cost comparisons made with differences noted for similar services? [radio] [radio]

Is a justification provided regarding the need for contract? [radio] [radio]

Section 3521.3

Is an explanation provided for the uniqueness of the contract? [radio] [radio]

Section 3521.4

Are there time constraints impacting the project? [radio] [radio]

Were comparisons made to identify the time required for another contractor to reach the same level of competence? [radio] [radio]

Grant Award #: _____

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
OUT-OF-STATE TRAVEL REQUEST
OES 700 (REV. 7/06)

RECIPIENT

Agency: _____
Project Director: _____ Phone #: _____
Address: _____
City: _____ Zip: _____

ATTENDEE(S)

Name: _____
Title: _____ Phone #: _____
Name: _____
Title: _____ Phone #: _____

TRIP DETAILS

Trip Date [Month/Day(s)/Year] _____
Destination (City/State) _____
Description
(Meeting/Conference/Other) _____

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Recipient must attach Cost Worksheet to the Out-of-State Travel Request.

FOR OES USE ONLY

Recommendation:

Approve

Disapprove

Program Specialist

Date

Section Chief

Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy - are the rates based on internal policy or the state's travel policy? Please specify:

Internal Travel Policy State Travel Policy

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION:

AMOUNT

Airfare: _____
Additional Airport Expenses _____
Mileage: _____ @ _____ = _____
Taxi/Shuttle: _____
Parking: _____

Auto Expenses:

Private Car: _____
Rental Car: _____
State/Agency Car: _____

HOTEL/PER DIEM

Hotel: _____ days @ _____ per day = _____

Per diem: _____ days @ _____ per day = _____

OTHER EXPENSES

Registration/Conference Fee: _____

TOTAL COSTS NOT TO EXCEED: _____

EMERGENCY FUND PROCEDURES

RECIPIENT NAME

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing, and medical care including prescription medicine, eyeglasses, or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to _____. In order to be valid, checks must require a counter signature. OES will be notified in writing of any changes in responsibility within ten days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime will be made with local law enforcement. A copy of the crime report or verification slip will be kept on file.
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than _____ individual. Victims are not eligible to draw on the emergency fund for more than _____ crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.

**SAMPLE CERTIFICATION
DISBURSEMENT OF CONFIDENTIAL FUNDS**

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OES guidelines.

_____ Date

_____ Project Director

SAMPLE RECEIPT FROM INFORMER PAYEE

RECEIPT

For and in consideration of the sale and delivery to the State, County or _____
of information or evidence identified as

I hereby acknowledge receipt of \$ _____
(numerical and word amount entered by payee)

paid to me by the State, County, City of :

on _____
Date

Payee: _____
Signature

Case Agent/Officer: _____
Signature

Witness: _____
Signature

Case or Reference: _____

STATE OF CALIFORNIA
 GOVERNOR'S OFFICE OF EMERGENCY SERVICES
**REQUEST TO SUBMIT QUARTERLY REPORTS
 OF EXPENDITURES AND REQUEST FOR FUNDS**
 OES 203 (Rev. 7/04)

*Note: this form is for community-based organizations only.
 All other Recipients are mandated to report quarterly.*

RECIPIENT	GRANT AWARD NUMBER

PROJECT TITLE

IMPLEMENTING AGENCY <i>(if applicable)</i>

By signing below, the project director of the implementing agency and the financial officer agree to meet the following terms and conditions for billing on a quarterly basis:

1. The project has a reserve or contingency account equal to three (3) months of funds and may request a 255 advance payment under the grant;
2. The project will submit a Report of Expenditures and Request for Funds (OES 201) form within thirty (30) days of the quarterly periods. The quarterly periods will begin with the first three (3) months of the grant award period and continue every three (3) months until the end of the grant award period; and
3. The project will adhere to these quarterly billing requirements throughout the period of the grant.

PROJECT DIRECTOR	DATE

FINANCIAL OFFICER	DATE

STATEMENT OF INTEREST INCOME

Recipient: _____

Address: _____

City: _____ Zip: _____

Project Title: _____

Grant Award Number: _____

Grant Award Period: From: _____ To: _____

Contact Person: _____

Telephone Number: _____

Interest income, generated from grant funds, in the amount of \$ _____ has been earning during the grant award period identified above. In accordance with OES policy, the project is aware this amount must be submitted to OES along with the final report of expenditures.

Project Director Date

Financial Officer Date

Note: this form must be attached to the Final OES 201

OES USE ONLY

Reset Form

Print Form

Governor's Office of Emergency Services
REQUEST FOR FINANCIAL TECHNICAL ASSISTANCE
OES 602 (REV. 7/04)

Agency Name: _____

Address: _____

City: _____ Zip: _____

Project Title: _____

Grant Award Number: _____

The project is requesting financial technical assistance from OES.

Individual to contact: _____

Title: _____

Phone Number: _____ FAX Number _____

Signature

Date

RETURN TO: Governor's Office of Emergency Services
3650 Schriever Ave.
Mather, CA 95655
Attention: Audits Division

Governor's Office of Emergency Services
REQUEST FOR PROGRAMMATIC TECHNICAL ASSISTANCE
OES 651 (REV. 7/04)

Recipient: _____

Address: _____

Project Name: _____

Contact Person: _____

Telephone #: _____ Fax #: _____

Grant Award Number: _____

The following type of programmatic technical assistance is requested:

Project Director's Signature

Date

RETURN TO: Governor's Office of Emergency Services
3650 Schriever Ave.
Mather, CA 95655

Attention: _____ Section

STATE AND FEDERAL CIVIL RIGHTS LAWS

1. California Fair Employment and Housing Act (FEHA) and its implementing regulations, *California Administrative Code, Title 2, Division 4, Fair Employment and Housing Commission*:

The public policy of the State of California is to protect and safeguard the civil rights of all individuals to seek, have access to, obtain and hold employment without discrimination because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition (cancer related), marital status, or sex and age (over 40). Employment practices should treat all individuals equally, evaluating each on the basis of individual skills, knowledge and abilities and not on the basis of characteristics generally attributed to a group enumerated in the Act. The objectives of the California Fair Employment and Housing Act and these regulations are to promote equal employment opportunity and to assist all persons in understanding their rights, duties and obligations, so as to facilitate achievement of voluntary compliance with the law.

2. *Government Code, Article 9.5, Sections 11135-11139.5* and its implementing regulations, *California Administrative Code, Title 22, Sections 98000-98413*; and **Title VI of the Civil Rights Act of 1964:**

These sections mandate comprehensive state and federal civil rights regulations to prohibit discrimination or denial of benefits to persons in the State of California who are under programs or activities that are funded by or receive financial assistance from the State of California or the Federal Government. Discrimination and denial of benefits are prohibited on the same previously identified basis.

3. *Title V, Section 504 of the Rehabilitation Act of 1973 (29 USC Section 974)*; *California Government Code Section 4450*; and *California Administrative Code, Title 2, Division 4, Chapter 2, Subchapter 9, 7293.9*:

These state and federal regulations mandate that qualified persons with disabilities will not be excluded from, denied benefits of, or discriminated against solely on the basis of their disabilities, under any program or activity that receives financial assistance from OES. Further, all facilities used by state and federal funded projects shall be made reasonably accessible to and usable by the physically handicapped.

These regulations further provide that employers shall make reasonable accommodation to the physically handicapped, unless the employer can demonstrate that such accommodation would impose undue hardship.

4. *28 CFR, Part 42, Nondiscrimination; Equal Employment Opportunity Policies and Procedures (U.S. Department of Justice)* – FOR FEDERALLY FUNDED PROGRAMS ONLY:

Requires agencies receiving federal financial assistance from OES to prepare an Equal Employment Opportunity Program (EEO) upon meeting the following criteria:

- (a) Recipient has 50 or more employees.
- (b) Recipient has received a total of \$25,000 or more in grants or subgrants since 1968.
- (c) Recipient has a service population of three percent or more minority representation (if less than three percent, the EEO must be prepared to focus on women).

Community-based organizations are exempt from Federal Government/OES requirements of developing an EEO, pursuant to *28 CFR, Part 42, Subpart E*, however, they are monitored by the Department of Health and Human Services in EEO compliance matters.

5. *The American with Disabilities Act of 1990 (ADA), 42 USC, Sections 12101 et seq.*, and *U.S. Department of Justice implementing regulations, 28 CFR, Part 35*:

The ADA guarantees equal opportunity for individuals with disabilities in public and private sector services and employment. A comprehensive anti-discrimination law for persons with disabilities, the ADA extends to virtually all sectors of society and every aspect of daily living (i.e., work, leisure, travel, communications, and more).

SAMPLE
XYZ ORGANIZATION
EQUAL EMPLOYMENT OPPORTUNITY
POLICY STATEMENT

XYZ Organization is an equal opportunity employer and is committed to an active Equal Employment Opportunity Program (EEO). It is the stated policy of XYZ Organization that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition (cancer related), or physical handicap (includes all other medical conditions).

This organization will also conform to the Americans with Disabilities Act of 1990 (ADA), *42 USC, Sections 1210 et seq.*, and U.S. Department of Justice implementing regulations, *28 CFR, Part 35*.

All recruitment, hiring, placements, transfers, and promotions will be on the basis of individual skills, knowledge and abilities, and the feasibility of any necessary job accommodation, regardless of the above-identified bases. All other personnel actions such as compensations, benefits, layoffs, terminations, trainings, etc., are also administered without discrimination. Equal employment opportunity (EEO) will be promoted through a continual and progressive EEO.

The objective of an EEO is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Jane Doe has been designated EEO Coordinator. Inquiries concerning the application of Federal and State laws and regulations should be referred to her/him. The coordinator is responsible for administering program progress and initiating corrective action when appropriate. All personnel actions are monitored and analyzed to ensure the adherence of this policy. Regular annual reports are submitted to the Agency Director for review and evaluation of progress.

To achieve the goals of our EEO, it is necessary that each member of this organization understand the importance of the program and his/her individual responsibility to contribute toward its maximum fulfillment.

Signature

Title (Agency Head)

Date

Signature

Title (EEO/AA Officer)

Date

Government Code Section 12950(a) Requires All Employers to Post This Document

State of California

Department of Fair Employment and Housing



HARASSMENT OR DISCRIMINATION IN EMPLOYMENT

Because of

- Sex • Race • Color • Ancestry • Religious Creed
- National Origin • Disability (including HIV and AIDS)
 - Medical Condition (Cancer) • Age
- Marital Status • Denial of Family and Medical Care Leave
 - Denial of Pregnancy Disability Leave

IS PROHIBITED BY LAW

The California Fair Employment and Housing Act

(Part 28 commencing with Section 12900) of Div 3 of Title 2 of the Government Code

- prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment. The prohibition against sex harassment includes a prohibition against sexual harassment, gender harassment and harassment based on pregnancy, childbirth, or related medical conditions.
- requires that all employers provide information to each of their employees on the nature illegality and legal remedies which apply to sexual harassment. Employers may either develop their own publication, which must meet standards as set forth in *California Government Code Section 12950* or use a brochure which may be obtained from the Department of Fair Employment and Housing.
- requires employers to reasonably accommodate disabled employees or job applicants in order to enable them to perform the essential functions of a job.
- permits job applicants and employees to file complaints with the Department of Fair Employment and Housing (DFEH) against an employer, employment agency or labor union which fails to grant equal employment as required by law.
- requires employers not to discriminate against any job applicant or worker in hiring, promotions, assignments, or discharge. On-the-job segregation is also prohibited and employers may file complaints against workers who refuse to cooperate in compliance.
- requires employers, employment agencies and unions to preserve applications, personnel and employment referral records for a minimum of two years.
- requires employers to provide leaves of up to four months to employees disabled because of pregnancy, maternity or childbirth.
- requires employers of 50 or more persons to allow employees to take up to 12 weeks leave in any 12-month period for the birth of a child, the placement of a child for adoption or foster care for an employee's own serious health condition, or to care for a parent, spouse or child with a serious health condition.
- requires employment agencies to serve all applicants equally; to refuse discriminatory job orders to refrain from prohibited pre-hiring inquires or help wanted advertising.
- requires unions not to discriminate in member admissions or dispatching to jobs.
- forbids any person to interfere with efforts to comply with the act. Authorizes DFEH to work affirmatively with cooperating employers to review hiring and recruiting practices in order to expand equal opportunity.

REMEDIES TO INDIVIDUALS, OR PENALTIES FOR VIOLATION MAY INCLUDE:

Hiring, back pay, promotion, reinstatement, damages for emotional distress, cease-and-desist order, or a fine of up to \$50,000

JOB APPLICANTS AND EMPLOYEES. If you believe you have Experienced discrimination, DFEH will investigate without cost to you.

For information contact the Department of Fair Employment and Housing

TOLL FREE 1-800-884-1684

TDD Numbers:

Los Angeles: (213) 897-2840

Sacramento: (916) 324-1678

This notice must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency, waiting rooms, union halls, etc. For a copy contact the nearest DFEH office.

The Fair Employment and Housing Act Specifics:

- Prohibits discrimination in all aspects of employment including hiring, termination, and terms and conditions.
- Prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment from occurring.
- Requires that all employers provide information to each of their employees describing the forms of sexual harassment, its illegality, the internal and external complaint processes and legal remedies.
- Requires employers to reasonably accommodate employees or job applicants with disabilities in order to enable them to perform the essential functions of the job.
- Requires employers to provide leaves of up to four months to employees disabled because of pregnancy or childbirth.
- Requires an employer to provide reasonable accommodations requested by an employee, with the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- Requires employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child, the placement of a child for adoption or foster care, for an employee's own serious health condition, or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- Requires employment agencies to serve all applicants equally; to refuse discriminatory orders; to refrain from prohibited pre-employment inquiries or advertising.
- Prohibits retaliation against any person who has filed a complaint with the Department, participated in a Department investigation or opposed any activity prohibited by the Act.

The law provides for a variety of remedies, which may include:

- Hiring,
- Back pay,
- Promotion,
- Reinstatement,
- Cease and desist orders,
- Damages for emotional distress,
- Reasonable attorney's fees and costs,
- Expert witness fees, and/or
- Administrative Fines and Court Ordered Punitive Damages.

Persons who believe they have experienced employment discrimination may file a DFEH complaint. Complaints must be filed within one year from the date of the alleged discrimination.

Persons wishing to file a lawsuit directly in a court must obtain a "right-to-sue" from DFEH. For information on this process, call the toll-free number listed below.

Within California:

1 (800) 884-1684

1 (800) 700-2320 TTY

Outside California:

(916) 227-0551

STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
TRANSFER OF PUBLICATION TITLE
OES 131 (Rev. 7/04)

Recipient Date

Address City Zip Code

Project Title

Grant Award Period			
Grant Award Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">From:</td> <td style="width: 50%; padding: 2px;">To:</td> </tr> </table>	From:	To:
From:	To:		

Contact Person Telephone Number (with area code)

I hereby certify that the following publication written under this grant award and any profits gained from its sale or distribution will be used for criminal justice related activities or to further the original intent of the grant award.

Name of Publication/Article

Author ISBN

Publisher Name and Address

Project Director (Signature) Date

FOR OES USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Program Specialist	Date
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<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Section Chief	Date
-----------------------------------	--------------------------------------	---------------	------

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Other	Date
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INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to *Title 31 U.S.C. Section 1352*. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; sub-grant announcement number; the contract, subgrant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a.) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b.) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier, <i>if known</i> : _____ Congressional District, <i>if known</i> : _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> : _____
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: _____	9. Award Amount, if known: _____	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheet(s) SF-LLL-A, if necessary)	b. Individuals Performing Services (last name, first name, MI - include address if different from 10a)	
11. Amount of Payment (check all that apply) : _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: _____ nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
15. Continuation Sheet(s) SF-LLL-A attached: <input checked="" type="radio"/> Yes <input type="radio"/> No		
16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Name: _____ Title: _____ Telephone: _____ Date: _____ (area code)
Federal Use Only:		Authorized for Local Reproduction Standard Form – LLL

LEASE/PURCHASE ANALYSIS

When determining if it would be better to lease, lease with the option to purchase, or purchase, an analysis makes it possible to know which method is the least expensive.

Consider some of the following when making your lease/purchase analysis:

- Monthly costs (including interest, fees, etc.) of leasing, leasing with option to purchase, and purchasing.
- Total costs (including interest, fees, etc.) of leasing, leasing with option to purchase, or purchasing.
- The length of time the equipment will serve program needs before it wears out or the length of time the equipment will be needed, whichever comes first.
- The type and model of equipment. Identify features (both standard and optional) of the equipment.
- Obtain estimate from dealer to support your analysis.
- Obtain cost proposal from at least three dealers.

PROJECT INCOME REPORTING TRANSMITTAL INSTRUCTIONS

GENERAL INSTRUCTIONS

This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Reporting Project Income Expenditures
- Proposed use of Project Income

Check the appropriate box(es) when reporting Income or Expenditures.

- 1. RECIPIENT**
Type the recipient's name as it appears on line #1 of the "Grant Award Face Sheet" (OES-A301).
- 2. GRANT AWARD NUMBER**
Type the grant award number as it appears at the top of the "Grant Award Face Sheet" (OES-A301).
- 3. ADDRESS**
Type the recipient's address of the person completing this form.
- 4. REPORT PERIOD**
Type the report period in which income was generated or expended (quarterly reporting of project income and expenditures is mandatory, *Recipient Handbook, Section 6610.2*).
- 5. GRANT PERIOD**
Type the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" (OES-A301), or as revised by an approved grant award amendment, (STD .2).
- 6. CONTACT PERSON**
Type the name of the person preparing the form.
- 7. TELEPHONE AND FAX NUMBERS**
Type the (a.) telephone and (b.) fax number of contact person.
- 8. PROJECT TITLE**
Type the project title as it appears on line #3 of the "Grant Award Face Sheet" (OES-A301).
- 9. PROJECT INCOME**
Check each box indicating the type of project income generated for the report period.
- 10. INCOME RECEIVED**
This is the combined total dollar value of project income by type.
- 11. PROPOSED INCOME ALLOCATION**
Indicate the budget category(ies) in which the income will be allocated.
- 12. EXPENDITURE REPORTING**
Enter the actual amount of project income expended by budget category(ies). Project income cannot be expended prior to the approval of the Project Income Reporting Transmittal.
- 13. PROJECT RELATED EXPENDITURES**
If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended. Refer to the *Recipient Handbook* and program guidelines for direction on appropriate use of project income.
- 14. LOCAL APPROVAL SIGNATURES**
Original signatures of the Project Director as shown on line #1 of the "Project Contact Information" form and Financial Officer as shown on line #2 of the same form are required on all project income reporting.
- 15. OES APPROVAL SIGNATURES**
For OES internal use only.

STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
PROJECT INCOME REPORTING TRANSMITTAL
OES 234

Reporting Income Items (1) through (12)
Reporting Expenditures Items (1) through (13)

(2) GRANT AWARD NUMBER

(1) RECIPIENT _____

(4) REPORT PERIOD:

(3) ADDRESS _____

to

(5) GRANT PERIOD

(6) CONTACT PERSON _____

to

(7a) PHONE NUMBER _____

(7b) FAX _____

(8) PROJECT TITLE _____

(9) Project Income (check all that apply):

(10) Income Received:

(11) Proposed Income Allocation:

<input type="checkbox"/> Asset Forfeiture	_____	Personal Services	_____
<input type="checkbox"/> Client Fees	_____	Operating Expenses	_____
<input type="checkbox"/> Interest Earned on General Income	_____	Equipment	_____
<input type="checkbox"/> Registration Fees	_____	Total	\$0
<input type="checkbox"/> Other Project Oriented Materials	_____	(10) Income Received Total	
<input type="checkbox"/> Other (please describe):	_____	(Income Received total and Proposed Income Allocation must match.)	
			\$0

(12) Will project income expenditures be used to further the project's objectives?

- Yes
- No, if no please provide explanation:

(13) Expenditure Reporting:

Personal Services	_____
Operating Expenses	_____
Equipment	_____
Total	\$0

(14) LOCAL APPROVAL SIGNATURES:

(A) PROJECT DIRECTOR _____ Date _____

(B) FINANCIAL OFFICER _____ Date _____

(15) OES APPROVAL SIGNATURES	Approve	Dis-approve	DATE
(A) PROGRAM STAFF:			
(B) SECTION CHIEF:			
(C) OTHER:			

Reason for disapproval of reporting request:

PAST PERFORMANCE POLICY

This policy is to be used by OES when considering past performance issues of existing grantees who apply for new OES funding. It has been developed in consultation with OES' advisory groups.

I. GENERAL POLICY

From time to time, OES solicits applications for funding by issuing a Request for Proposal (RFP), and awards funding through a competitive selection process. Oftentimes, applications are received from existing OES recipients.

Recognizing that OES' funds are limited and often highly competitive, and to better meet its fiscal and legal obligations, OES developed this policy in an effort to fairly and consistently address past performance issues of existing recipients in the awarding of new state and federal funding.

This policy is only intended to result in a penalty, if necessary, to existing recipients that have serious performance problems (not minor problems), and is to be utilized only in connection with the RFP process and the awarding of grants for new funding cycles.

Furthermore, while this policy addresses OES' provision of technical assistance to help recipients comply with their grant requirements, this policy is not intended to result in OES regulating the day-to-day internal operations of recipients.

II. PENALTY LEVELS

There are two levels of penalties for serious performance problems:

- Level A: Complete disqualification from RFP process;
- Level B: 10% point reduction of total possible points from an applicant's score

The level that will be applied will depend on the severity and frequency of the performance problems, among other factors, as discussed further below.

III. STANDARD FOR INVOKING THIS POLICY

The standard for invoking either penalty is whether the applicant's compliance with grant terms and conditions falls **significantly** below average – far below the level to be expected of other grantees, and not minor incident(s) of non-compliance with OES policies.

A. Serious Performance Problems That Are Eligible For Consideration

Types of performance problems that would qualify under this policy include, but are not limited to:

1. Significant failure to account for use of funds, mishandling/misuse of funds, fraud or embezzlement, or other material accounting irregularities or violation(s), as documented in an audit report, monitoring report, police report, or other similar objective documentation;
2. Violation(s) of material statutory requirements related to the grant;

3. A willful or grossly negligent violation of a material OES policy, term or condition of the grant, but only after the recipient has been provided:
 - a) technical assistance by OES, including a site visit if necessary, to remedy the violation;
 - b) at least one written notice (per violation); and
 - c) a reasonable opportunity to remedy the violation. Any such notice will be provided to the recipient's executive officer and will specify that failure to remedy the violation may negatively impact the recipient's eligibility for future funding, including disqualification from the next RFP process.

It is not necessary for a criminal conviction to have occurred for OES to consider actions which appear to constitute fraud, embezzlement, mishandling of funds, or other types of statutory violations. OES must only have reliable evidence that this conduct occurred. Moreover, only properly documented performance problems will be considered.

Occasional minor performance issues (even if continual), such as failure to return phone calls, "hostile" attitudes, personality conflicts, slightly late paperwork, and modest accounting irregularities not rising to the level of mishandling of funds or lack of controls are not subject to this policy. However, grantees still are expected to comply in all respects with OES' policies, *Grant Recipient Handbook*, and the terms and conditions of their grant; and these minor performance problems will be addressed by the program specialist, monitor, or other means, as appropriate and irrespective of this policy.

B. Factors Considered

In determining an appropriate penalty, factors to be considered include, but are not limited to:

1. The seriousness of the problem(s);
2. Whether the problem or problems identified were intentional;
3. Whether the problem or problems reveal dishonest behavior by the applicant;
4. Whether the interests of the State or the public were harmed by the problem or problems;
5. Whether the problem or problems were a one-time occurrence or represent an ongoing pattern of behavior;
6. Whether the problem has been documented objectively; and
7. Whether OES has attempted to assist the grantee in remedying the problem.

C. Specific Examples

All performance problems should be considered on a case-by-case basis, with the totality of the circumstances to be considered. The following examples are to be used as guidance, and are not intended to be exhaustive, binding, or in any way restrictive of OES' authority to determine the appropriate penalty in any particular case:

1. OES conducts a monitoring visit of Project Z, and makes the following findings:
 - a) the shelter failed to pay overtime on two occasions;
 - b) three timesheets did not contain a supervisor's approval; and
 - c) the project's doors opened at 9:30 a.m. instead of 9:00 a.m. as stated on its RFP application.

A corrective action plan is developed and the project takes steps to implement the monitoring recommendations. A follow-up with the recipient four months later shows that the monitoring findings have been corrected.

Penalty: None

2. Project A inadvertently has adopted policies that violate the Americans with Disabilities Act. It operates shelter facilities that “cannot accommodate the handicapped.” It has declined services to disabled persons on this basis. OES and/or the Department of Justice alert the grantee that this policy is illegal. Several months later, the project has not changed its policies. Only after OES notifies the project in writing that future funds may not be awarded based on this violation does the project change its policy.

Penalty: Level B

3. During an audit, it is discovered that a year ago an employee of Project V has embezzled \$300 of OES funds. The audit concludes that this occurred in part because of inadequate management controls and supervision by the project. The employee was fired and the case submitted to the district attorney’s office for prosecution. The recipient has implemented new accounting and management policies and procedures, and promises to better supervise its employees. No other problems with the recipient are known.

Penalty: Level B

4. Same facts as in example (2), except that the embezzlement has occurred on multiple occasions, totaling \$20,000.

Penalty: Level A

5. Same example as in (2), except that the embezzlement was a one-time occurrence in the amount of \$5,000 committed by a member of the project’s management (executive officer, financial officer, administrative officer) and/or board member.

Penalty: Level A

6. Project M is habitually late in turning in OES-required progress reports and needs frequent reminders, including repeated letters from OES. The project always complies but is generally viewed as a “pain” to work with because of their frequent tardiness.

Penalty: None

7. Project C engages in racial discrimination in the provision of OES-funded services. It continues to deny services to the public on the basis of race, despite repeated letters from OES.

Penalty: Level A

8. A Project O supervisor sexually harasses her employee, which conduct does not affect the provision of OES-funded services

Penalty: None The appropriate remedy does not involve any OES action.

9. Project Y has agreed to provide victim advocacy services in County X. The project spends \$40,000 on other things and provides no such services, as documented in the monitoring report. However, the project still writes that the services are being provided on its OES reports. OES refers the matter to the district attorney for prosecution, but no additional steps have yet been taken.

Penalty: Level A

IV. PROCESS OF INVOKING THIS POLICY

A. Recommendation Memo

Prior to the commencement of the rating process, either the section chief or branch chief (who is not part of the rating team) of the branch that is conducting the RFP may request a performance penalty.

The section or branch chief must write a memo discussing in detail the performance problems with the

applicant. The memo must be reasonably specific and must identify the basis for invoking a penalty. The memo must be sufficiently supported by dates and details, and recommend the appropriate penalty, either Level A or Level B. This memo, along with all supporting documentation, must be submitted to the Deputy Director of Programs prior to the commencement of the rating process.

Branch chiefs and/or the Deputy Director of Programs must reject memos where the problems identified do not rise to the requisite level of seriousness.

The ratings team will begin rating the applications once the memo has been submitted to the Deputy Director of Programs. **Under no circumstances may raters consider past performance issues during the rating process.**

B. Final Decision

If the Deputy Director of Programs agrees, the memo shall be submitted to the Executive Director, who may choose to:

1. impose the recommended penalty;
2. impose a lesser penalty than the recommended penalty; or
3. not to impose any penalty.

However, under no circumstances will the Executive Director increase the recommended penalty level, or impose any performance penalty without having been recommended to impose one.

A penalty will be applied only after it has been determined that the applicant has scored within the funding range. If the applicant did not score within the funding range, then no penalty is necessary.

V. NOTIFICATION TO THE APPLICANT AND APPEAL OF DECISION

As with all applicants that are denied funding, a letter regarding the denial will be sent by certified mail to applicants denied funding due to past performance problems. The applicant shall be provided with a summary of why the performance problem penalty was invoked. An applicant is entitled to appeal this denial of funding on the same basis as other appeals of denial of funding, pursuant to the Appeals Guidelines. That is, an applicant may appeal on the basis that the "criteria and priorities" included in the RFP, including this Past Performance Policy, were not followed.

STATE OF CALIFORNIA

DRUG-FREE WORKPLACE CERTIFICATION

STD. 21 (NEW 6/04)

COMPANY/ORGANIZATION NAME _____

The contractor or grant recipient named above hereby certifies compliance with *Government Code Section 8355* in matters relating to providing a drug-free workplace. The above-named contractor or recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by *Government Code Section 8355(a)*.
2. Establish a Drug-Free Awareness Program as required by *Government Code Section 8355(b)*, to inform employees about all of the following:
 - (a) The dangers of drug abuse in the workplace,
 - (b) The person's or organization's policy of maintaining a drug-free workplace,
 - (c) Any available counseling, rehabilitation and employee assistance programs, and
 - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by *Government Code Section 8355(c)*, that every employee who works on the proposed contract or subgrant:
 - (a) Will receive a copy of the company's drug-free policy statement, and
 - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or subgrant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or 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.

OFFICIAL'S NAME _____ DATE EXECUTED _____

EXECUTED IN THE COUNTY OF _____

CONTRACTOR or RECEIPEINT SIGNATURE _____

TITLE _____

FEDERAL I.D. NUMBER _____

SAMPLE**STATEMENT ON THE DRUG-FREE WORKPLACE**

To comply with the enactment of Senate Bill 1120, (*Chapter 1170, Statutes of 1990*), which established the Drug-Free Workplace Act of 1990, the _____
(*your agency*)
accordingly provides this statement of compliance.

In order to maintain funding eligibility, state agencies, along with those in receipt of grant and contractual awards, must certify that they provide drug-free workplaces and have issued drug-free workplace statements to their employees [*Section 8355(a) of the Government Code*]. Consequently, in accordance with this directive, this statement is issued to meet this requirement.

The _____ (*your agency*), an agency within the State of California has adopted this statement in compliance with legislation which addresses issues to avoid the dangers arising from drug and alcohol abuse in the workplace. These dangers include death and injury to the employee, co-workers, or the public resulting from accidents, dereliction of duty, poor judgment and carelessness. Substance abuse also results in lost productivity, reduced efficiency, and increased absenteeism by the substance abuser and interferes with the job performance of employees who do not use illegal or unauthorized substances. [*Section 8355(b)(1)*]

California law prohibits the unlawful manufacture, dispensation, possession, or illegal use of a controlled substance. That prohibition extends to all places and includes the worksite of California state employees. [*Section 8355(a)*]

Employees convicted of a violation of criminal drug statute, when the violation occurred at an employee's worksite, shall report the conviction to the granting and monitoring State agency upon conviction. [*Section 8356(a)(1)(2)*]

In the event of the unlawful manufacture, distribution, dispensation, possession or illegal use of a controlled substance at a State worksite, the State may take disciplinary action pursuant to the law and/or require the satisfactory completion of a drug abuse assistance or rehabilitation program. [*Section 8355(b)(4)*]

The Employee Assistance Program (EAP) provides drug problem assessment and referral to appropriate counseling and rehabilitation services. The EAP is available to all agency employees. Procedures exist to ensure the confidentiality of EAP records. Contact your personnel office for further information.

It is the intent of the _____ (*your agency*) to ensure by execution of this statement of compliance that each employee shall abide by the terms of this drug-free workplace statement. [*Section 8355(c)*]

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**COMPUTERS AND AUTOMATED SYSTEMS
PURCHASE JUSTIFICATION GUIDELINES**

As stated in the *Recipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. In your own words, please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$25,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OES for additional information regarding SINS requirements.
 6. Does the proposed system include intelligence data subject to *28 CFR Part 23* (2003)? Contact California Department of Justice at (916) 263-1182, Western States Information Network regarding these requirements and have them sign the certification of compliance.

