TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
District Attorney	Jeffery Eldred	527-4296	2011

TITLE OF GRANT **Tehama County Victim/Witness Center**

GRANTOR AGENCY **State of California-Emergency Management Agency**

GRANT OBJECTIVES **To assist victims/witnesses in criminal cases**

GRAND I.D. NO. **VW25 02 9101**

Federal Catalog # (if applicable):

GRANT PERIOD From: **10/01/25** To: **09/30/26**

Applicable Code and/or Legislative Reference:

DATE APPLICATION APPROVED BY BOARD:

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT:

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING	Fiscal Year: 2021/2022	Fiscal Year:
FEDERAL	$181,937	
STATE	$152,176	
OTHER	$0	
1. TOTAL GRANT FUNDS	**$334,113**	
COUNTY FUNDING		
HARD MATCH (dollars)	$0	
SOFT MATCH (In-kind)	$0	
2. TOTAL COUNTY MATCH	**$0**	
USE OF FUNDS		
PERSONNEL (attach detail)	$0	
SERVICES/SUPPLIES	$0	
EQUIPMENT	$0	
OTHER CHARGES	$0	
TOTAL FUNDS (must also = 1+2 above)	**$0**	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE:

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes | No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse **X** | Advance

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: **Every quarter**

EXPENDITURE DEADLINE: **9/30/2022**

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes | No **X**

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes **X** | No

A 0.9 Victim/Witness Coordinator position, 1.0 Victim/Witness Advocate position and a .50 Victim Advocate po would be lost if this grant application is not approved.

Matthew D. A

DEPARTMENT HEAD SIGNATURE

10/2/25

DATE

Form A-135 (Rev 8-21-07)