

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

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

Federal Catalog # (if applicable): _____

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
☒	☐	☒	☐	☐

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 ☒ 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 ☒

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER

Yes ☒ No ☐

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.)

A 0.9 Victim/Witness Coordinator position, 1.0 Victim/Witness Advocate position and a .50 Victim Advocate position 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)