

**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. VW24 29 0520 Federal Catalog # (if applicable): _____
 GRANT PERIOD From: 10/01/24 To: 09/30/25 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	\$163,926	
STATE	\$162,900	
OTHER	\$0	
1. TOTAL GRANT FUNDS	\$326,826	

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 COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes No

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. [Signature]
DEPARTMENT HEAD SIGNATURE

9/18/24
DATE Form A-135 (Rev 8-21-07)