



October 8, 2015

Gena Castro-Rodriguez, Chief Victim Services Division
San Francisco, City & County
850 Bryan Street, Room 322
San Francisco, CA 94103

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Human Trafficking Advocacy Program
Subaward #: HA15 02 0380, Cal OES ID: 075-00000

Dear Ms. Castro-Rodriguez:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$110,276, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

CJVS Grants Processing

Enclosure

c: Subrecipient's file

Cal OES# 075 0000000 FIPS# 07500000 VS CFDA# _____ Grant# HA15020380

(Cal OES Use Only) *CRP* Mail Log # 607109 Rec'd 7/14/15 *CRB*

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT AWARD FACE SHEET (Cal OES 2-101)**

The California Governor's Office of Emergency Services hereafter designated Cal OES, hereby makes a Grant Award of funds to the following:

- 1. Grant Recipient:** City & County of San Francisco **1a. DUNS#** 143602105
 In the amount and for the purpose and duration set forth in this Grant Award.
- 2. Implementing Agency:** District Attorney's Office **2a. DUNS#** 143602105
- 3. Implementing Agency Address:** 850 Bryant Street, Rm 322 San Francisco 94103-4600
Street City Zip+4
- 4. Location of Project:** San Francisco San Francisco 94103-4600
City County Zip+4
- 5. Disaster/Program Title:** Human Trafficking Advocacy Program **6. Performance Period:** 10/01/15 to 09/30/16

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2015	7. VOCA		\$110,276			\$27,569	\$27,569	\$137,845
Select	8. Select						\$0	\$0
Select	9. Select						\$0	\$0
Select	10. Select						\$0	\$0
Select	11. Select						\$0	\$0
	12. TOTALS	\$0	\$110,276	\$110,276	\$0	\$27,569	\$27,569	12a. Total Project Cost: \$137,845

13. This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient accepts this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. Official Authorized to Sign for Applicant/Grant Recipient: **15. Federal Employer ID Number:** 946000417

Name: George Gascón Title: District Attorney

Telephone: (415) 553-1741 FAX: (415) 575-8815 Email: District.Attorney@sfgov.org
(area code) (area code)

Payment Mailing Address: 850 Bryant Street, Room 322 City: San Francisco Zip+4: 94103-4600

Signature: *[Signature]* Date: 6/24/15

[FOR Cal OES USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

[Signature] 10/7/15 *[Signature]* 10/7/15
 Cal OES Fiscal Officer Date Cal OES Director (or designee) Date

Yr: 2015-16 / Chapter: 10/ PCA No: 18205
 Item: 0690-101-0890 Component: 40.20.451
 FAIN #: FD 2015 VA: 14 CFDA#: 16.575
 Federal Award Dates: 10/01/14 to 09/30/18
 Fund: Federal Trust
 Program: Human Trafficking Advocacy Program
 Match Req.: 20%, C/IK based on TPC
 Project No.: 15VOCA Amount: \$ 110,276

[Handwritten initials]

15 OCT - 1 P 3:11
 ACCOUNTING RECEIVED

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUPPLEMENTAL GRANT SUBAWARD INFORMATION**

1. Cal OES Contact Information Section:
 Governor's Office of Emergency Services
 Mark S. Ghilarducci, Director
 3650 Schriever Avenue
 Mather, CA 95655
 (916) 845-8506 phone • (916) 845-8511 fax

2. Federal Awarding Agency Section:

Fund Year	Federal Program Fund / CFDA #	Federal Awarding Agency	Total Federal Award Amount	Total Local Assistance Amount
2015	Victims of Crime Act (VOCA) / 16.575	Office for Victims of Crime	\$ 232,722,931	\$ 221,598,852
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$

3. Project Description Section:

- Project Acronym (Please choose from drop down):
Human Trafficking Advocacy Program (HA)
- Project Description (Please type the Project Description):
Funds an advocate to provide services to victims of human trafficking in prosecutorial arena.

4. Research & Development Section:

- Is this Subaward a Research & Development grant? Yes No

PROJECT CONTACT INFORMATION

Recipient San Francisco District Attorney

Grant Number

H1A15020380

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **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: Gena Castro-Rodriguez Title: Chief Victim Services Division

Telephone #: 415-734-3359 Fax#: 415-575-8815 Email Address: gena.castrorodriguez@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

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

Name: Eugene Clendinen Title: Chief Fiscal & Administrative Officer

Telephone #: 415-553-1895 Fax#: 415-553-9700 Email Address: Eugene.Clendinen@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

/3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Tara Regan Anderson Title: Policy and Grants Manager

Telephone #: 415-553-1203 Fax#: 415-575-8815 Email Address: tara.anderson@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

/4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Sheila Arcelona Title: Assistant Chief Finance and Administration

Telephone #: 415-734-3018 Fax#: 415-575-8815 Email Address: sheila.arcelona@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

/5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: George Gascón Title: District Attorney

Telephone #: 415-553-1751 Fax#: 415-575-8815 Email Address: District.Attorney@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

/6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 14 of the Grant Award Face Sheet:

Name: George Gascón Title: District Attorney

Telephone #: 415-553-1751 Fax#: 415-575-8815 Email Address: District.Attorney@sfgov.org

Address/City/Zip: 850 Bryant St. Rm. 322, San Francisco, CA 94103

7. The **chair** of the **Governing Body** of the recipient:

Name: London Breed Title: President, Board of Supervisors

Telephone #: 415-554-7634 Fax#: (415) 554-7634 Email Address: london.breed@sfgov.org

Address/City/Zip: City Hall, 1 Dr. Carlton B. Goodlett Plaza, 2nd Floor, San Francisco, CA 94102

SIGNATURE AUTHORIZATION

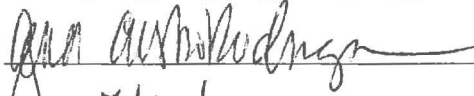
Grant Award #: HA15020360

Grant Recipient: City & County of San Francisco

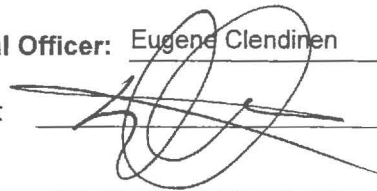
Implementing Agency: District Attorney

***The Project Director and Financial Officer are REQUIRED to sign this form.**

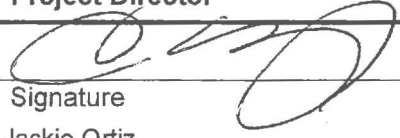
***Project Director:** Gena Castro-Rodriguez

Signature: 
Date: 7/24/15

***Financial Officer:** Eugene Clendinen

Signature: 
Date: _____

The following persons are authorized to sign for the
Project Director


Signature
Jackie Ortiz
Name

Signature

Name

Signature

Name

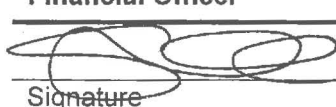
Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer


Signature
Sheila Arcelona
Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

CERTIFICATION OF ASSURANCE OF COMPLIANCE
Victims of Crime Act (VOCA) Fund

I, George Gascón, District Attorney hereby certify that
(official authorized to sign grant award; same person as Section 14 on Grant Award Face Sheet)

RECIPIENT: City and County of San Francisco

IMPLEMENTING AGENCY: Office of the District Attorney

PROJECT TITLE: HUMAN TRAFFICKING ADVOCACY PROGRAM

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

I. Federal Grant Funds

Recipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Recipient Handbook for more detail.

- The above named recipient receives \$750,000 or more in federal grant funds annually.
- The above named recipient does not receive \$750,000 or more in federal grant funds annually.

II. 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). **Cal 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:

Equal Employment Opportunity Officer: Evette Taylor-Monachino

Title: Departmental Personnel Officer

Address: 850 Bryant Street, Room 322, San Francisco, CA 94103

Phone: 415-553-1009

Email: Evette.Monachino@sfgov.org

III. 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.

IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)

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

V. Lobbying – (Recipient Handbook Section 2154)

Cal 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.

VI. Debarment and Suspension – (Recipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal 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.

VII. Proof of Authority from City Council/Governing Board

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

The applicant is required to obtain written authorization 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.


VIII. Special Condition for Grant Awards with Victims of Crime Act (VOCA) Fund

- The grant recipient agrees to administer the grant in accordance with the VOCA, the VOCA Program Guidelines, and the Office of Justice Programs Financial Guide.

All appropriate documentation must be maintained on file by the project and available for Cal 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 Cal 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 14 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 Typed Name: George Gascón

Authorized Official's Title: District Attorney

Date Executed: 7/29/15

Federal Employer ID #: 94-6000417 ✓ Federal DUNS # 143602105 ✓

Current Central Contractor Registration Expiration Date: April 12, 2016 ✓

Executed in the City/County of: San Francisco

AUTHORIZED BY: *(not applicable to State agencies)*

- | | |
|--|---|
| <input checked="" type="checkbox"/> City Financial Officer | <input type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> County Manager |
| <input type="checkbox"/> Governing Board Chair | |

Signature: 

Typed Name: Ben Rosenfield

Title: Controller, City & County of San Francisco

BUDGET CATEGORY AND LINE ITEM DETAIL

Grant Recipient: San Francisco District Attorney					Grant Number: HA 15 02 0380		
A. Personal Services – Salaries/Employee Benefits					VOCA 15	VOCA 15 Match	COST
	Biweekly	#PPS	FTE	TOTAL			
8129 Victim Witness Investigator I	\$2,338	26.1	1.00	\$61,022	\$61,022		\$61,022
Fringe Benefits: Up to <i>Social Security: 6.2%</i> <i>Social Security Medicare: 1.45%</i> <i>Health Insurance: \$3,441</i> <i>Dependent Coverage: \$8,106</i> <i>Long Term Disability: 0.39%</i> <i>Retirement: 18.51%</i> <i>Unemployment Insurance: 0.27%</i> <i>Dental Insurance: \$1,334</i>	47.90%			\$29,229	\$29,229		\$29,229
8135 Assistant Chief Victim Witness Investigator	\$3,322	26.1	0.15	\$13,006	\$13,006		\$13,006
Fringe Benefits: Up to <i>Social Security: 6.2%</i> <i>Social Security Medicare: 1.45%</i> <i>Health Insurance: \$3,441</i> <i>Dependent Coverage: \$8,106</i> <i>Long Term Disability: 0.39%</i> <i>Retirement: 18.51%</i> <i>Unemployment Insurance: 0.27%</i> <i>Dental Insurance: \$1,334</i>	47.90%			\$6,230	\$6,230		\$6,230
Volunteer/Intern: 8129 Victim Witness Investigator I \$29.22 hourly + 47.9% fringe benefits	\$43.22 per hour x 638 hours			\$27,569		\$27,569	\$27,569
Total Grant Salary	\$74,028						
Total Grant Fringe	\$35,459						
	\$109,487						
Personal Section Totals					\$109,487	\$27,569	\$137,056
PERSONAL SECTION TOTAL					✓	✓	\$137,056

CRP

BUDGET CATEGORY AND LINE ITEM DETAIL

Grant Recipient: San Francisco District Attorney					Grant Number: HA 15 02 0380			
B. Operating Expenses					VOCA 15	VOCA 15 Match	COST	
Description	Calculation							
Travel Cost for Training	Air & Ground Transportation \$250 Hotel \$129/night Per diem \$71 x 2 days Registration fees Mileage (118 miles x \$0.575)				\$250 \$129 \$142 \$200 \$68		\$250 \$129 \$142 \$200 \$68	
OPERATING SECTION TOTAL		\$0	\$0	\$0	\$0	\$789	\$0	\$789
OPERATING SECTION TOTAL							\$789	

URP

BUDGET CATEGORY AND LINE ITEM DETAIL

Grant Recipient: San Francisco District Attorney					Grant Number: HA 15 02 0380		
C. Equipment					VOCA 15	VOCA 15 Match	COST
None Requested							\$0
Equipment Section Totals	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EQUIPMENT SECTION TOTAL							\$0
Category Totals							
<i>Same as Section 12G on the Grant Award Face Sheet</i>	\$0	\$0	\$0	\$0	\$110,276	\$27,569	
Total Project Cost*							\$137,845

CRP

CJVS Budget Summary Report

HA15 Human Trafficking Advocacy Program
 San Francisco, City & County
 Human Trafficking Advocacy Program

Subaward #: HA15 02 0380
 Performance Period: 10/01/15 - 09/30/16
 Latest Request: , Not Final 201

A. Personal Services - Salaries/Employee Benefits

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	15VOCA	109,487	0	109,487	0	109,487
L	15VOCA	27,569	0	27,569	0	27,569
Total A. Personal Services - Salaries/Employee Benefits:		137,056	0	137,056	0	137,056

B. Operating Expenses

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	15VOCA	789	0	789	0	789
L	15VOCA	0	0	0	0	0
Total B. Operating Expenses:		789	0	789	0	789

C. Equipment

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	15VOCA	0	0	0	0	0
L	15VOCA	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
Total Local Match:	27,569	0	27,569	0	27,569
Total Funded:	110,276	0	110,276	0	110,276
Total Project Cost:	137,845	0	137,845	0	137,845

F/S/L (Funding Types): F=Federal, S=State, L=Local Match

Paid/Expended=posted in ledger w/Claim Schedule. Pending=Processed, but not vet in Claim Schedule

10/08/15