

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

**GRANT SUBAWARD AMENDMENT**

SUBAWARD #: XE16010380

Federal Grant # \_\_\_\_\_ FIPS# 075-00000 Amendment# 1  
 Project # N/A DUNS# \_\_\_\_\_ Performance Period 07/01/2016 to 12/31/2019

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Grant Subrecipient: San Francisco, City & County

Grant Subaward #XE16010130 between the parties here to is hereby amended to:  
 To change the end of performance period of the Subaward from 06/30/2018 to 12/31/2019.

Increase the 15VOCA funds by \$0 from \$400,000 to \$400,000.  
 Increase the 15VOCA match by \$0 from \$100,000 to \$100,000.

Increase the 16VOCA funds by \$233,333 from \$0 to \$233,333.  
 Increase the 16VOCA match by \$58,333 from \$0 to \$58,333.

Increase the 17VOCA funds by \$66,667 from \$0 to \$66,667.  
 Increase the 17VOCA match by \$16,667 from \$0 to \$16,667.

Increase the Total Project Cost by \$375,000 from \$500,000 to \$875,000.

**SPECIAL CONDITIONS:**

- 15VOCA funds in the amount of \$500,000 must be expended by 8/31/2018. The Final 2-201 for 15VOCA funds must be submitted by 8/31/2018.
- 16VOCA funds in the amount of \$291,666 must be expended by 8/31/2019. The Final 2-201 for 16VOCA funds must be submitted by 8/31/2019.
- The 2017 VOCA Funds in the amount of \$83,334 cannot be expended until the FY 2017/18 Federal VOCA Award is received by Cal OES. Should the Federal VOCA award be reduced, you will be notified and required to amend the Subaward.

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the Grant Subaward.

All other provisions of this agreement shall remain as previously agreed upon.

Subrecipient (Certification and Signature of Authorized Agent)				
By (Authorized Signature)		Date		
		9-25-17		
Printed Name		Title		
George Gascón		District Attorney		
Address				
850 Bryant Street, Room 322, San Francisco, CA 94103-4600				
Governor's Office of Emergency Services (For Cal OES use only)				
By Director or Designee		Date		
Printed Name		Title		
Amount Encumbered by this Document	Program/Component	Match	Item	
Prior Amount Encumbered	Fund Source	Chapter	Statute	Fiscal Year
Total Amount Encumbered to Date	PCA #	Project #	CFDA #	
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.				
Signature of Cal OES Fiscal Officer		Date		

# GRANT SUBAWARD MODIFICATION

MAIL TO: California Governor's Office Of Emergency Services  
 3650 Schriever Ave  
 Mather, CA 95655:

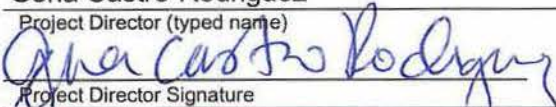
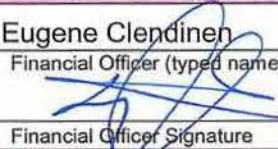
1. Subaward #: XE16 01 0380  
 2. Modification # 1

3. Subrecipient/Implementing Agency: City & County of San Francisco  
 4. Project Title: Elder Abuse (XE) Program  
 5. Contact Person: Lorna Garrido Phone: (415) 553-9258 Fax: (415) 553-9700  
 Email Address: lorna.garrido@sfgov.org 6. Performance Period: 07/01/2016 to 12/31/2019  
 7. Payment Mailing Address: 850 Bryant Street, Room 322, San Francisco, CA 94103  Check here if new.

### 8. Revision to Budget

FISCAL YEAR	Current Allocation Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
15	VOCA	\$285,762	\$114,238		\$400,000	\$46,801	\$53,199		\$100,000	\$500,000
16	VOCA				\$0				\$0	\$0
17	VOCA				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Proposed Change (add (+) or subtract (-) from budgeted amount)</b>										
15	VOCA	(\$12,422)	\$12,422		\$0	\$28,321	(\$28,321)		\$0	\$0
16	VOCA	\$206,826	\$26,507		\$233,333	\$57,542	\$791		\$58,333	\$291,666
17	VOCA	\$59,215	\$7,452		\$66,667	\$7,903	\$8,764		\$16,667	\$83,334
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
<b>Revised Allocation</b>										
15	VOCA	\$273,340	\$126,660	\$0	\$400,000	\$75,122	\$24,878	\$0	\$100,000	\$500,000
16	VOCA	\$206,826	\$26,507	\$0	\$233,333	\$57,542	\$791	\$0	\$58,333	\$291,666
17	VOCA	\$59,215	\$7,452	\$0	\$66,667	\$7,903	\$8,764	\$0	\$16,667	\$83,334
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

9. Justification for Modification: (If necessary, continue the justification on page 3.)  Check to Total  
 See page 3.

10. Subrecipient Approvals			
Gena Castro-Rodriguez Project Director (typed name)  Project Director Signature	9/22/17 Date	Eugene Clendinen Financial Officer (typed name)  Financial Officer Signature	9/22/17 Date
Cal OES Approval Signatures			
_____ Program Specialist	_____ Date	_____ Unit Chief	_____ Date
_____ Grants Processing	_____ Date		

# GRANT SUBAWARD MODIFICATION

## Cal OES 2-223 INSTRUCTIONS

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

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

\*requires submission of a Grant Award Amendment form

1. **SUBAWARD NUMBER:**  
Enter the Subaward number as it appears at the top of the approved Grant Subaward Face Sheet.
2. **MODIFICATION NUMBER:**  
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
3. **SUBRECIPIENT/IMPLEMENTING AGENCY:**  
Enter the Subrecipient and implementing agency names as they appear on lines 1 & 2 of the approved Grant Subaward Face Sheet.
4. **PROJECT TITLE:**  
Enter the project title of the program.
5. **CONTACT PERSON:**  
Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.
6. **PERFORMANCE PERIOD**  
Enter the approved performance period giving the start and end dates for the grant award as shown on #6 of the Grant Subaward Face Sheet or subsequent approved Grant Subaward Amendment.
7. **PAYMENT MAILING ADDRESS:**  
Enter the payment mailing address where the Subrecipient payments are to be mailed as specified on the approved Grant Subaward Face Sheet or subsequent approved modification. Check the **NEW** box if there is a change in the payment mailing address.
8. **REVISION TO BUDGET:**  
If this modification affects the budget, select the Fiscal Year (FY) and fund acronym from the drop down lists under Current Allocation (if unsure what the fund acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any. Enter the proposed change amounts. (If your calculations are correct your totals will be 0). The revised allocation amounts should automatically populate. Check the "Total" box, for the form to finish calculating the "TOTAL" column correctly.
9. **JUSTIFICATION FOR MODIFICATION:**  
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.
10. **SUBRECIPIENT APPROVALS NAME AND SIGNATURES:**  
Please type the names of, and provide original signatures for; the Project Director and the Financial Officer as shown on the "Signature Authorization Form (Cal OES 2-103).

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	CJA0	Child Justice Act Program	DNAE	California DNA Evidence Assistance Program	DNAP	Post-Conviction DNA Testing Assistance Program
FSIA	Forensic Science Improvement Program	FVPS	Family Violence Prevention Services Program	JAG0	Justice Assistance Grant Program	JAGX	Justice Assistance Grant Interest Program
PSNC	Project Safe Neighborhood Program	PSNE	Project Safe Neighborhood Program	PSNN	Project Safe Neighborhood Program	SASP	Sexual Assault Services Program
VADG	Victim Assistance Discretionary Grant Training Program	VAWA	Violence Against Women Act Program	VOCA	Victims of Crime Act Program		
STATE PROJECT ACRONYMS							
CASV	CA Sexual Violence Victim Services	CDVV	CA Domestic Violence Victims	CSAE	Child Abuse and Exploitation Program	CSAP	Child Sexual Abuse Treatment Program
CVHT	Child Victims of Human Trafficking	DVP0	Domestic Violence Program	EHAF	Emergency Housing and Assistance Funds	EPSD	Equality In Preventive Services Program
FV00	Family Violence Prevention Program	HTVA	Human Trafficking Victims Assistance	HY00	Homeless Youth Program	ICAC	Internet Crimes Against Children Program
PPPD	Local Prosecutor/Local Public Defender Program	RCP0	Rape Crisis Program	RCP5	Rape Crisis Program	VLRC	Victims Legal Resource Center Program
VWA0	Victim Witness Assistance Program	VWR0	Victim Witness Assistance Program (Restitution)	YET0	Youth Emergency Telephone Program		

**GRANT SUBAWARD MODIFICATION**  
**Cal OES 2-223 INSTRUCTIONS**

9. Justification for Modification (cont.)

To change the end of performance period of the Subaward from 06/30/2018 to 12/31/2019.

Increase the 15VOCA funds by \$0 from \$400,000 to \$400,000.

Increase the 15VOCA match by \$0 from \$100,000 to \$100,000.

Increase the 16VOCA funds by \$233,333 from \$0 to \$233,333.

Increase the 16VOCA match by \$58,333 from \$0 to \$58,333.

Increase the 17VOCA funds by \$66,667 from \$0 to \$66,667.

Increase the 17VOCA match by \$16,667 from \$0 to \$16,667.

Increase the Total Project Cost by \$375,000 from \$500,000 to \$875,000.

**BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: City & County of San Francisco				Subaward #: XE16 01 0380			
A. Personal Services – Salaries/Employee Benefits	15 VOCA	15 VOCA MATCH	16 VOCA	16 VOCA MATCH	17 VOCA	17 VOCA MATCH	COST
8129 VW Investigator/Victim Advocate - Peter Huynh Biweekly salary (01/01/17-6/30/17): \$2,800 x 13 pay periods x 1 FTE = \$36,400	\$36,400						\$36,400
Biweekly salary (07/01/17-08/31/18): \$3,021 x 30.5 pay periods x 1 FTE = \$92,140.5	\$92,141						\$92,141
Biweekly salary (09/01/18-08/31/19): \$3,021 x 26 pay periods x 1 FTE = \$78,546			\$78,546				\$78,546
Biweekly salary (09/01/19-12/31/19): \$3,021 x 8.7 pay periods x 1 FTE = \$26,283					\$26,283		\$26,283
Bilingual pay (01/01/17-08/31/18): \$40 x 43.5 pay periods x 1 FTE + \$1,740	\$1,740						\$1,740
Bilingual pay (09/01/18-08/31/19): \$40 x 26 pay periods x 1 FTE + \$1,040			\$1,040				\$1,040
Bilingual pay (09/01/19-12/31/19): \$40 x 8.7 pay periods x 1 FTE + \$348					\$348		\$348
8129 VW Investigator/Victim Advocate - Emily Burtch Biweekly salary (01/01/17-6/30/17): \$2,247 x 13 pay periods x 0.75 FTE = \$21,908	\$21,908						\$21,908
Biweekly salary (07/01/17-12/31/17): \$2,609 x 13 pay periods x 0.75 FTE = \$25,438	\$25,438						\$25,438
Biweekly salary (01/01/18-08/31/18): \$2,740 x 17.5 pay periods x 0.75 FTE = \$35,963	\$35,963						\$35,963
Biweekly salary (09/01/18-12/31/18): \$2,740 x 8.6 pay periods x 0.75 FTE = \$17,673			\$17,673				\$17,673
Biweekly salary (01/01/19-08/31/19): \$2,877 x 17.4 pay periods x 0.75 FTE = \$37,545			\$37,544				\$37,544
Biweekly salary (09/01/19-12/31/19): \$2,877 x 8.7 pay periods x 0.75 FTE = \$18,772					\$18,773		\$18,773
<i>Victim Advocate Fringe Benefits: 47.8237% for P. Huynh &amp; E. Burtch</i>	\$59,750	\$26,932	\$72,023	\$7,909	\$13,811	\$7,903	\$188,328
Social Security: 6.2%							
Social Security Medicare: 1.45%							
Health Insurance: \$3,401							
Dependent Coverage: \$9,617							
Long Term Disability: 0.35%							
Retirement: 20.16%							
Unemployment Insurance: 0.27%							
Volunteer Match @ 8129 \$31.05 hourly rate x 1,552 hours = \$48,190		\$48,190					\$48,190
\$31.98 hourly rate x 1,552 hours = \$49,633				\$49,633			\$49,633
<b>Personal Section Totals</b>	<b>\$273,340</b>	<b>\$75,122</b>	<b>\$206,826</b>	<b>\$57,542</b>	<b>\$59,215</b>	<b>\$7,903</b>	<b>\$679,948</b>
<b>PERSONAL SECTION TOTAL</b>							<b>\$679,948</b>

**BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: City & County of San Francisco				Subaward #: XE16 01 0380			
B. Operating Expenses	15 VOCA	15 VOCA MATCH	16 VOCA	16 VOCA MATCH	17 VOCA	17 VOCA MATCH	COST
Public Awareness Campaign Sing Tao Weekly Newspaper 4 full page ads x \$2,000 per ad = \$8,000 San Francisco Examiner Newspaper 4 full page ads x \$3,500 per ad = \$14,000 FM 96.1 Mandarin Radio 4 radio ads x \$1,000 per ad = \$4,000 KGO Radio 4 radio ads x \$1,000 per ad = \$4,000 Billboard 3 billboards x \$12,000 each = \$36,000 Outreach Materials 3,000 bags x \$2 per bag = \$6,000 6,102 brochures x \$2 per brochure = \$12,204	\$52,815	\$22,185	\$1,230			\$7,974	\$84,204
Contractors Graphic Designer x \$10,000 Material Translation x \$2,000	\$12,000						\$12,000
Emergency financial assistance for victims 15 victims x \$1,500 maximum = \$22,500	\$22,500						\$22,500
Travel for Project Director's Meetings Airfare: \$300 x 2 staff x 2 trips = \$1,200 Hotel: \$150 x 2 staff x 3 nights x 2 trips = \$1,800 Per diem: \$73 x 2 staff x 3 days x 1 trip = \$438 Ground transportation: \$200 x 2 staff x 2 trips = \$800 Mileage: \$0.535 x 934 miles = \$500	\$4,738						\$4,738
Rent Rent (01/01/17-8/30/18): 125 square feet x \$21/square foot x 1.75 FTE x 1.5833 yrs Rent (09/01/18-8/30/19): 125 square feet x \$21/square foot x 1.75 FTE x 1 yr Rent (09/01/19-12/31/19): 125 square feet x \$21/square foot x 1.75 FTE x 0.333 yr	\$7,273		\$4,594		\$1,531		\$7,273 \$4,594 \$1,531
Indirect - 10% di minimus 10% x \$582,125 salary & fringe = \$58,212 Use for indirect - general administration, Finance, Payroll, Human Resources, Information Technology, and Executive Management	\$27,334	\$2,693	\$20,683	\$791	\$5,921	\$790	\$58,212
<b>Operating Section Totals</b>	<b>\$126,660</b>	<b>\$24,878</b>	<b>\$26,507</b>	<b>\$791</b>	<b>\$7,452</b>	<b>\$8,764</b>	<b>\$195,052</b>
<b>OPERATING SECTION TOTAL</b>							<b>\$195,052</b>

**BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: City & County of San Francisco				Subaward #: XE16 01 0380			
C. Equipment	15 VOCA	15 VOCA MATCH	16 VOCA	16 VOCA MATCH	17 VOCA	17 VOCA MATCH	COST
None requested.							\$0
<b>Equipment Section Totals</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EQUIPMENT SECTION TOTAL</b>							\$0
<b>Category Totals</b>							
<i>Same as Section 12G on the Grant Subaward Face Sheet</i>	\$400,000	\$100,000	\$233,333	\$58,333	\$66,667	\$16,667	
<b>Total Project Cost</b>							<b>\$875,000</b>

**Budget Narrative**

Budget Period: 7/1/2016 – 12/31/2019 (3.5 years)

**A. PERSONAL SERVICES \$679,948**

Two victim advocates (8129 Victim Witness Investigator I) @ 1.75 FTE will be assigned to this grant and will be responsible for direct client services, day-to-day coordination with partner agencies, data tracking, trainings to community-based organizations, coordinating Division administrative functions and communications, and the completion of required program reporting. The victim advocates will also provide case management for victims served under the XE program, coordinate the multidisciplinary team that will respond to elder abuse cases, provide consultation and outreach to elders, and collect and report on data related to services provided.

Total volunteer hours of 3,104 hours will be used as an in-kind match. The total match of \$97,823 is calculated at the step 1 rate of an 8129 Victim Advocate.

Standard fringe benefits are allocated to the grant and include social security, Medicare, retirement, state unemployment compensation insurance, long-term disability, dependent coverage, and health and dental coverage for a total fringe cost of \$92,545.

**B. OPERATING EXPENSES \$195,052****Public Awareness Campaigns**

A large portion of the XE program will be to conduct outreach to the elder population regarding financial abuse and pedestrian safety. A mix of print, radio, billboards, and outreach materials will be used and is estimated at \$96,204 to include graphic designer and translation services. Brochures and re-usable bags will be used for outreach and education in



the community at in person events to be held at elder service agencies, community events and information sessions. The goal is to decrease elder pedestrian risk and increase safety.

Description	Quantity	Per unit cost	Total
Sing Tao Weekly, full page ad	4	\$2,000	\$8,000
San Francisco Examiner, ad	4	\$3,500	\$14,000
FM 96.1 Mandarin Radio, ad	4	\$1,000	\$4,000
KGO Radio, ad	4	\$1,000	\$4,000
Billboard (3 billboards @ 3 locations x 4 times)	3	\$12,000	\$36,000
Bags	3,000	\$2	\$6,000
Brochures	6,102	\$2	\$12,204
Graphic Designer	1	\$10,000	\$10,000
Translation of materials	1	\$2,000	\$2,000

The office issued a Request for Qualifications (RFQ) for *As-Needed Communications Consultant for SFDA Public Awareness Campaigns* in October 2014 and it is through this RFQ that the Graphic Designer services will be obtained.

#### Emergency Financial Assistance

Critical losses due to crime victimization will be assessed along with financial need and ability to access resources from other sources. If determined that the victim has direct crime related losses not covered by other sources within 48 hours of the crime, the advocate will apply to for funds up to \$1,500 from the Emergency Assistance Fund to pay for items such as food, clothing, taxis, prophylactic and non-prophylactic medication, medical equipment, health care items including glasses, dentures, hearing aids, and other items as need. The Emergency Financial Assistance fund is budgeted at \$1,500 per victim x 15 victims for a total cost of \$22,500.

Travel

The mandatory Project Director's meeting and other travel and training is budgeted at \$4,738.

Airfare:  $\$300 \times 2 \text{ staff} \times 2 \text{ trips} = \$1,200$

Hotel:  $\$150 \times 2 \text{ staff} \times 3 \text{ nights} \times 2 \text{ trips} = \$1,800$

Per diem:  $\$73 \times 2 \text{ staff} \times 3 \text{ days} \times 1 = \$438$

Ground transportation:  $\$200 \times 2 \text{ staff} \times 2 \text{ trips} = \$800$

Mileage:  $\$0.535 \times 934 \text{ miles} = \$500$

Rent

Total rent of \$13,398 is calculated on 125 square feet at \$21/square foot per FTE.

For 01/01/17-8/30/18:  $125 \text{ square feet} \times \$21/\text{square foot} \times 1.75 \text{ FTE} \times 1.5833 \text{ yrs.} = \$7,273$

For 09/01/18-8/30/19:  $125 \text{ square feet} \times \$21/\text{square foot} \times 1.75 \text{ FTE} \times 1 \text{ yr.} = \$4,594$

For 09/01/19-12/31/19:  $125 \text{ square feet} \times \$21/\text{square foot} \times 1.75 \text{ FTE} \times 0.333 \text{ yr.} = \$1,531$

Indirect

Indirect costs are budgeted at 10% of salaries and fringe. Indirect costs are not directly attributable to any one program and include, but not limited to, general administration, Finance, Payroll, Human Resources, Information Technology, and Executive Management.

$10\% \text{ de Minimis} \times \$582,125 \text{ salary \& fringe} = \$58,212$

**C. EQUIPMENT**

No equipment is budgeted for the grant period.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**


<b>Subrecipient:</b> City & County of San Francisco	<b>DUNS #:</b> 143602105	<b>FIPS #:</b> 075-00000
<b>Grant Disaster/Program Title:</b> Elder Abuse (XE) Program		
<b>Performance Period:</b> 07/01/2016 to 12/31/2019	<b>Subaward Amount Requested:</b> \$ 700,000	
<b>Type of Non-Federal Entity (Check Box)</b>	<input type="checkbox"/> State Gov. <input checked="" type="checkbox"/> Local Gov. <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe	

Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	>5 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
3. How many grants does your organization currently receive?	>10 grants
4. What is the approximate total dollar amount of all grants your organization receive?	\$ 8,310,785
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	No
9. Do you have a written plan on how you charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Always
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?	>5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	Yes

<b>Certification:</b> <i>This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.</i>	
<b>Signature: (Authorized Agent)</b> 	<b>Date:</b> 9-7-17
<b>Print Name:</b> Sheila Arcelona	<b>Print Title:</b> Assistant Chief Administrative and Financial Officer

## PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative:

1. **SUBAWARD NUMBER:**  
Enter the Subaward # as it appears on the approved Grant Subaward Face Sheet.
2. **PROGRAM TITLE:**  
Enter the program, title as it appears on the approved Grant Subaward Face Sheet
3. **PERFORMANCE PERIOD:**  
Enter beginning and ending dates of the performance period for the Grant Subaward.
4. **SUBRECIPIENT:**  
Enter the Subrecipient name as it appears on the approved Grant Subaward Face Sheet.
5. **GRANT AMOUNT:**  
Enter the amount of grant funds requested. This must be the same amount used on the budget pages and block 12G on the Grant Award Face Sheet.
6. **IMPLEMENTING AGENCY:**  
Enter the implementing agency as it appears on the approved Grant Subaward Face Sheet.
7. **PROGRAM DESCRIPTION:**  
Provide a description of the specific area of service Cal OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:**  
Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:**  
Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
10. **ACTIVITIES:**  
Describe activities you will perform to accomplish each objective (quantify where possible).
11. **EVALUATION:**  
Describe how project performance will be measured, if applicable. Note who will conduct the evaluation, (e.g., project staff, government personnel, or outside consultants).
12. **NUMBER OF CLIENTS TO BE SERVED:**  
Enter the number of clients, if applicable.
13. **PROJECT BUDGET:**  
Amounts in each category must be the same as the Budget Pages amounts. The total must be the same as the total in box 12G on the Grant Award Face Sheet.

## PROJECT SUMMARY

**1. Subaward #:** XE16 01 0380  
**2. PROJECT TITLE** Elder Abuse (XE) Program

### 3. PERFORMANCE PERIOD

07/01/2016 to 12/31/2019

### 4. SUBRECIPIENT

Name: City & County of San Francisco Phone: 415-734-3359  
Address: 850 Bryant Street, Room 322 Fax #: 415-553-1034  
City: San Francisco Zip: 94103-4600

### 5. GRANT AMOUNT

(this is the same amount as 12G of the Grant Subaward Face Sheet)

\$ 875,000

### 6. IMPLEMENTING AGENCY

Name: District Attorney's Office/Victim Services Div. Phone: 415-553-9044 Fax #: 415-553-1034  
Address: 850 Bryant Street, Room 320 City: San Francisco Zip: 94103

### 7. PROGRAM DESCRIPTION

The Elder Abuse Program (EAP) is housed within the San Francisco District Attorney's Office (SFDA), Victim Services Division. The EAP staff has an impressive track record of addressing the needs of senior victims of violent crime and working closely with public safety and community-based partners. Elder abuse victims receive streamlined services from initial referral through case adjudication, closure, and beyond; and benefit from the policy advocacy activities of the EAP.

### 8. PROBLEM STATEMENT

Francisco has one of the highest concentrations of seniors living independently, and is home to an increasingly aging population. In fact, according to the 2010 Census, 14% (or 112,833) of San Francisco's population is 65 or older and is expected to grow by 100% by the year 2020. These older adults include a high concentration of non-English speaking seniors (over half of reported San Francisco elder abuse victims are minorities and almost one-third are non-English speaking), LGBT seniors, and a higher than average percentage of individuals with disabilities, 44% of whom are non-institutionalized disabled. San Francisco has a diverse elder population, and this diversity means we have diverse needs that can pose challenges in service delivery. In 2015, the Elder Abuse Program (EAP) served 311 victims of crime over the age of 60.

### 9. OBJECTIVES

1. Direct Services.
2. Outreach and Public Awareness Campaign
3. Training: Elder abuse and criminal justice system education. Cr
4. Community Coordination: Strategic Collaboration and Coordination with Public Safety and other Partners.

**10. ACTIVITIES**

Crisis Intervention Counseling, Criminal Justice Advocacy, Assistance Impact Statements, Crime Victim Compensation Benefits, Emergency Assistance, Referrals, Outreach to Seniors, Training to Providers, Community Events, Public Awareness Campaigns About Pedestrian Safety

**11. EVALUATION** (if applicable)**12. NUMBER OF CLIENTS**

(if applicable)

75 per year with direct services  
and 1,500 per year with outreach  
campaigns

**13. PROJECT BUDGET**

(these are the same amounts as on  
Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
	\$679,948	\$195,052		\$875,000
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Totals:</b>	\$679,948	\$195,052	\$0	\$875,000