

Agenda Worksheet

Submit completed worksheet to:
Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular Time Requested: 5 minutes Meeting Date: 6/21/2022

OR

Consent

Contact Person/Department: Coleen K. Chiles, District Attorney Victim Wit Phone: 530-842-8228

Address: PO Box 986/311 Fourth Street, Yreka, CA 96097

Person Appearing/Title: J. Kirk Andrus, District Attorney

Subject/Summary of Issue:

- 1) Acceptance of the Victim Witness Assistance Program grant for FY 22/23.
- 2) Accept and sign the resolution for the Victim Witness Assistance Program grant for FY 22/23.
- 3) The Siskiyou County District Attorney's Victim Witness Assistance Program has been in existence for 30 years. The program was established by the District Attorney's Office to address the support for public safety and victim services in Siskiyou County. The Victim Witness Assistance Program is funded through a grant from the California Office of Emergency Services (Cal OES). The Cal OES fund allocation is \$305,624. There is no match this year, we have been approved for a 100% match waiver, which has been granted by Cal OES. This grant operates within the Federal funding cycle of October 1, 2022 through September 30, 2023.

Financial Impact:

NO Describe why no financial impact:

YES Describe impact by indicating amount budgeted and funding source below

Amount: \$305,624
Fund: 1021 Description: Victim Witness Assistance Prog. Org.: 201160 Description: District Attorney
Account: 5427/5408 Description: Federal/State
Activity Code: _____ Description: _____

Local Preference: YES NO

For Contracts – Explain how vendor was selected:

Additional Information: Revenue for VW Program consists of \$284,459 in Federal VOCA funds; \$21,165 in State Penalty Funds, no match is required this year.

Recommended Motion:

Authorize the District Attorney's Office to apply for, accept and manage the Victim Witness Assistance Program grant in the amount of \$305,624 for FY 22/23. The Board of Supervisors adopt and sign the attached Resolution. Authorize Auditor-Controller to establish appropriations for Victim Witness Assistance Program.

Reviewed as recommended by policy:
County Counsel _____
Auditor _____
Personnel _____
CAO _____

Special Requests:
Certified Minute Order(s) X Quantity: 2
Other: Please forward certified minute orders to
Coleen Chiles

NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week