RESOLUTION NO. \_\_\_\_

**RESOLUTION OF THE BOARD OF SUPERVISORS**

**OF THE COUNTY OF SISKIYOU**

WHEREAS the Siskiyou County Board of Supervisors desires to undertake a certain project designated Victim Witness Assistance Program to be funded by funds made available through the Siskiyou County District Attorney’s Office administered by the California Governor’s Office of Emergency Services (hereafter referred to as Cal OES).

NOW, THEREFORE, BE IT RESOLVED that the District Attorney of the Siskiyou County District Attorney’s Office is authorized, on its behalf to submit the attached proposal to Cal OES and is authorized to sign and approve on behalf of the Siskiyou County Board of Supervisors the attached Grant Application and the subsequent Grant Award Agreement.

BE IT FURTHER RESOLVED that the Siskiyou County Administrator is authorized to sign and approve on behalf of the Siskiyou County Board of Supervisors any extensions or amendments to the Grant Award.

BE IT FURTHER RESOVLED that the applicant agrees to provide all matching funds as allowed by the VOCA fund required for said project (including any amendment thereof) under the Program and the funding terms and conditions of Cal OES and that the match will be appropriated as required. Cal OES has approved a 100% match waiver for the Victim Witness Assistance Program grant for a one-year period beginning October 1, 2024, through September 30, 2025.

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 for any such liability.

BE IT FURTHER RESOLVED that the resolution shall be in effect for a one-year period, beginning October 1, 2024, through September 30, 2025.

PASSED AND ADOPTED by the Siskiyou County Board of Supervisors at a regular meeting of said Board, held on the 3rd day of September 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Michael N. Kobseff, Chair Siskiyou County Board of Supervisors

ATTEST:

LAURA BYNUM,

COUNTY CLERK

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy