***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **5 minutes** | | | | | | **Meeting Date:** | | | | **9/3/24** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Cynthia Billingsley, District Att. Victim Wit** | | | | | | | | | | **Phone:** | | | **530-842-8225** | |
| **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 24/25  2) Accept and sign the resolution for the Victim Witness Assistance Program grant for FY 24/25  3) The Siskiyou County District Attorney's Victim Witness Assistance Program has been in existence for 32 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 $313,605. 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, 2024 through September 30, 2025. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $313,605 | | | | |  |  | | |  | | |  | | | | | | | | | |
| 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 $157,503 in Federal VOCA funds; $29,104 in State Pe | | | | | | | | | | | | | | | | | | |
| State Penalty Funds, and $126,998 in State VOCA Supplemental 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 $313,605 for FY 24/25. 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:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | x | | | *Quantity:* | | 2 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | Please forward certified mintue orders to | | | | | | | | |
| CAO | | | | | | |  | | | | | | | | |  | Cynthia Billingsley | | | | | | | | | | |

***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 prior to the Board Meeting.*** Revised 8/09/2021