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**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: District Attorney

SUBMITTAL DATE:
June 21, 2011

SUBJECT: Accept a Joint Powers Agreement award from the California Victim Compensation and Government Claims Board and Adoption of Resolution 2011-200.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve acceptance of a Joint Powers Agreement award from the California Victim Compensation and Government Claims Board (VCGCB) in the amount of \$750,258 for the grant period July 1, 2011 through June 30, 2012.
2. Adopt Resolution 2011-200 authorizing the District Attorney and/or his designee to sign the Joint Powers Agreement on behalf of the Board through FY 2011-2012.

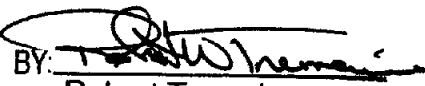
BACKGROUND: (Commences on Page 2)

Jeffrey A. Van Wagenen Jr., for Paul E. Zellerbach, District Attorney

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 750,258	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0.00	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0.00	For Fiscal Year:	2011-2012

SOURCE OF FUNDS: California Victim Compensation and Government Claims Board	Positions To Be Deleted Per A-30	<input checked="" type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature BY: 
Robert Tremaine

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: Samuel Wong 6/28/11
 DATE: 6/27/11
 Concurrent: SAMUEL WONG
 NEAL R. KIPNIS
 FORM APPROVED COUNTY COUNSEL
 BY:

Department Recommendation: Consent Policy
 Per Executive Office: Consent Policy

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Accept a Joint Powers Agreement award from the California Victim Compensation and Government Claims Board and Adoption of Resolution 2011-200.

DATE: June 21, 2011

PAGE 2

BACKGROUND:

The California Victim Compensation Program funded by the Victim Compensation and Government Claims Board is designed to assist victims and witnesses with applying for state reimbursement for financial losses resulting from crime. The Joint Powers Agreement is for a one year period beginning July 1, 2011 through June 30, 2012 with an award amount of \$750,258.

The grant award and resolution have been reviewed and approved as to form by County Counsel.

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3 RESOLUTION NO. 2011-200

4 RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
5 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, REGARDING
6 CALIFORNIA VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD- JOINT
7 POWERS AGREEMENT

8 WHEREAS, the Board of Supervisors of the County of Riverside has designated the Riverside
9 County District Attorney's Division of Victim Services as the provider of major and comprehensive
10 victim and witness services in Riverside County; and

11 WHEREAS, the California Victim Compensation and Government Claims Board (VCGCB) has
12 selected the County of Riverside District Attorney's Office, Division of Victim Services to perform claim
13 verification and submittal services for the unreimbursed financial losses of victims of crime to be funded
14 in part from funds made available through a Joint Powers Agreement with VCGCB; now therefore

15 BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside,
16 State of California, in regular session assembled on _____, 2011, that the District
17 Attorney of the County of Riverside, State of California is authorized, on its behalf, to submit and to sign
18 the Joint Powers Agreement as well as related contracts, amendments, or extensions with "California
19 Victim Compensation and Government Claims Board".

20 BE IT FURTHER RESOLVED that the resolution shall be in effect for a one-year period
beginning July 1, 2011 and ending June 30, 2012.

FORM APPROVED COUNTY COUNSEL
BY: NEALOR KUNISZ
DATE: 11/27/11

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

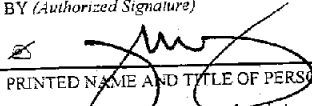

AGREEMENT NUMBER VCGC1052
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
 CONTRACTOR'S NAME
COUNTY OF RIVERSIDE
- The term of this Agreement is: **JULY 1, 2011** through **JUNE 30, 2012**
- The maximum amount of this Agreement is: **\$ 750,258.00**
 Seven hundred fifty thousand, two hundred fifty eight dollars, and zero cents.
- The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	2 Pages
Exhibit B – Budget Detail and Payment Provisions	2 Pages
Exhibit B1 – Budget Pages	2 Pages
Exhibit C* – General Terms and Conditions	1 Page
Exhibit D – Special Terms and Conditions	8 Pages
Attachment I – VCGCB Information Security Policy 06-00-003	5 Pages
Attachment II – General Confidentiality Statement	1 Page
Attachment IIb – CalVCP Confidentiality Statement	3 Pages
Attachment III – Invoice Instructions	2 Pages
Attachment IIIb – Invoice Worksheet	1 Page
Attachment IV – Approved Travel Reimbursement Rates	3 Pages
Attachment V – Training Request Form	1 Page
Attachment VI – Equipment Purchase Authorization Form	2 Pages
Attachment VII – Imaged Document Confidential Destruct Policy-Scan Facility Memo 09-001	2 Pages
Attachment VIII – Overpayment Checklist	1 Page
Attachment IX – County Inventory Form	1 Page

(Items shown with an Asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language)*

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Services Use Only
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		
COUNTY OF RIVERSIDE		
BY (Authorized Signature)	DATE SIGNED(Do not type)	
	6.24.11	
PRINTED NAME AND TITLE OF PERSON SIGNING		
Jeffrey Van Wagener, Assistant District Attorney		
ADDRESS		
3960 Orange Street Riverside CA 92501		
STATE OF CALIFORNIA		
AGENCY NAME		
VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD		
BY (Authorized Signature)	DATE SIGNED(Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
JULIE NAUMAN, EXECUTIVE OFFICER		
ADDRESS		
400 "R" STREET, SUITE 500, SACRAMENTO, CA 95811		

Exempt per: