



June 9, 2021

Edward Pollock
Laboratory Director
Sacramento County District Attorney's Office
4800 Broadway, Suite 200
Sacramento, CA 95820-1541

Re: Performance Assessment In-Compliance – Grant Subaward # CQ19150340

Dear Mr. Parigian:

On Monday, June 7, 2021, The California Governor's Office of Emergency Services conducted a virtual Performance Assessment with the Sacramento County District Attorney's Office Crime Laboratory for the CQ19150340 Grant Subaward. As a result of this virtual Performance Assessment, the Sacramento County District Attorney's Office Crime Laboratory is found to be in full compliance.

It was a pleasure meeting with you via Microsoft Teams. Your Crime Lab appears to be very professional and well run. I look forward to working with you on your current and future awards.

Should you have any additional questions or concerns, please don't hesitate to contact me at via e-mail at Richard.Bunch@caloes.ca.gov.

Sincerely,

Richard Bunch

Richard Bunch
Program Specialist
Law Enforcement and County Victim Services Unit



Victim Services Branch
PERFORMANCE ASSESSMENT REPORT

Subrecipient: Sacramento County Grant Subaward Number: CQ19160340

Implementing Agency: Sacramento County District Attorney's Office

Grant Subaward Performance Period: 01/01/2020 – 12/31/2020

Virtual On-site

Date(s) of Performance Assessment: June 7, 2021

Persons Interviewed During Performance Assessment:

NAME	TITLE	AGENCY/ORGANIZATION
Edward Pollock	Laboratory Director, Project Director	Sacramento County District Attorney's Office Crime Lab
Melissa Chavez	Senior Administrative Analyst	Sacramento County District Attorney's Office
Christina Moore	Administrative Services Officer	Sacramento County District Attorney's Office
John Black	Chief, Administrative & Fiscal Services	Sacramento County District Attorney's Office

Richard Bunch _____ Program Specialist Name	6/9/21 Date	Cindy Berta _____ Unit Chief Name	6/9/21 Date
 <i>Richard Bunch</i> _____ Program Specialist Signature	 6/9/21 Date	 <i>Cindy Berta</i> _____ Unit Chief Signature	 6/9/21 <small>6/9/21</small> Date

I. ADMINISTRATIVE REQUIREMENTS

A. CONTROLLING DOCUMENTS & FORMS

	YES	NO	N/A
1. Does the Subrecipient have access to the following?			
a. Applicable Cal OES Subrecipient Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Request for Application (RFA) or Request for Proposal (RFP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Approved Grant Subaward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Approved Grant Subaward Amendments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Approved Grant Subaward Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Current Cal OES Forms (e.g., Grant Subaward Amendment, Grant Subaward Modification, Report of Expenditures and Request for Funds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CFR Title 2 Part 200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Subrecipient aware of Special Condition(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

B. PROOF OF AUTHORITY (SRH Section 1.055)

	YES	NO	N/A
1. Does the Subrecipient have approved documentation, from a City or County Council/Governing Board, that the Official Designee (per SRH Section 3.030) is authorized to sign the applicable Grant Subaward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Governing Board Resolution <input checked="" type="checkbox"/> Governing Board Meeting Minutes <input type="checkbox"/> Signed Letter from the Governing Board Chair			
2. Does the documentation include authority to sign amendments (i.e., Grant Subaward Amendment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

C. CERTIFICATE OF INSURANCE FOR FIDELITY BOND OR EQUIVALENT – NON-GOVERNMENTAL ORGANIZATION (NGO) (SRH Section 2.015)

	YES	NO	N/A
1. Does the Subrecipient have a Certificate of Insurance for a Fidelity Bond for the Grant Subaward?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the Certificate of Insurance for the Fidelity Bond show:			
a. Provider company name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Subrecipient as insured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Policy number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Policy period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Employee dishonesty coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Forgery coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. The State of California, California Governor's Office of Emergency Services or Cal OES named as the beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Grant Subaward number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

Not Required

D. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) COMPLIANCE (SRH Section 2.035)

	YES	NO	N/A
1. Does the Subrecipient have appropriate CEQA documentation on file for the Grant Subaward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Which form of documentation does the Subrecipient have?			
<input checked="" type="checkbox"/> Notice of Exemption			
<input type="checkbox"/> Negative Declaration			
<input type="checkbox"/> Approved Environmental Impact Report			

Notes/Conclusions:

Provided CEQA Notice of Exemption

E. ORGANIZATIONAL CHART (if required by RFA or RFP)

	YES	NO	N/A
1. Does the Subrecipient have a current Organizational Chart?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all positions in the Grant Subaward identified on the Organizational Chart?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

F. GRANT SUBAWARD PERSONNEL ACTIVITIES

	YES	NO	N/A
1. Do personnel identified (including Key Personnel per SRH Section 3.005) in the Grant Subaward understand the programmatic requirements of the RFA or RFP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do personnel allocated on the Grant Subaward Budget Pages (Cal OES 2-106a or b) report performing duties consistent with the Grant Subaward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Personnel on budget did overtime to reduce case backlogs

G. GRANT SUBAWARD GOALS AND OBJECTIVES

	YES	NO	N/A
1. Is the Subrecipient meeting the Grant Subaward goals and objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Subrecipient meeting the Grant Subaward goals and objectives commensurate with the time elapsed for the Grant Subaward performance period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Subrecipient need to submit a Grant Subaward Modification (Cal OES Form 2-223) to modify Grant Subaward goals and objectives?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Subrecipient met goals and objectives

H. ACTIVITY & ACHIEVEMENT REPORTING (SRH Section 11.005)

	YES	NO	N/A
1. Does the Subrecipient understand all Grant Subaward reporting requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Subrecipient meeting all reporting requirements?			
<input checked="" type="checkbox"/> Cal OES Progress Report			
<input type="checkbox"/> Office for Victims of Crime (OVC) quarterly data report			
<input type="checkbox"/> Annual Report for STOP Violence Against Women Formula Grant Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Annual Report for Sexual Assault Services Formula Grant Program			
<input type="checkbox"/> Other			
3. Does the Subrecipient have an adequate data collection process that accurately supports the data reported for the Grant Subaward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

<u>Cal OES Progress Report</u>

I. OPERATIONAL AGREEMENTS (SRH Section 7.005)

	YES	NO	N/A
1. Does the Subrecipient have current Operational Agreements required by the RFA or RFP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Do the required Operational Agreements cover the Grant Subaward performance period?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the signed Operational Agreements for a time period of five years or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

<u>Not Required</u>

J. FACILITY RENTAL

	YES	NO	N/A
1. Does the facility rental space shown (via tour) align with the facility rental space allocated on the Grant Subaward Budget Pages (Cal OES Form 2-106a or b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the lease or written facility use agreement support the amount allocated on the Grant Subaward Budget Pages (Cal OES Form 106a or b).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

Not Required, as not in budget.

II. HUMAN RESOURCES

A. FUNCTIONAL TIMESHEETS (SRH Section 3.090)

	YES	NO	N/A
1. Does the Subrecipient use functional timesheets for each position funded by the Grant Subaward (in whole or in part)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the functional timesheet indicate the actual time and activities performed by the employee for both Grant Subaward and non-Grant Subaward activities to which the employee's time is allocated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the functional timesheet account for all the time worked by the employee (not just the time charged to the Grant Subaward)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the functional timesheets approved by both the employee and their supervisor? (Electronic signature/approval is acceptable.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Functional Timesheet documents show overtime and allowable activities of forensic analysis to reduce case backlog

B. VOLUNTEERS (SRH Section 9.060)

	YES	NO	N/A
1. If the Program requires volunteers, and the Subrecipient does not use volunteers, does the Subrecipient have a volunteer waiver approved by Cal OES, on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If the Subrecipient uses volunteer hours for match or is required to have volunteers per the RFA or RFP, does the Subrecipient have a volunteer time log?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the volunteer time log include the dates (or time period), number of hours (in no less than 15 minute increments), and activities related to the Grant Subaward?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are volunteer time logs approved by Subrecipient personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the Subrecipient have duty statements for all volunteer positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

<u>No Volunteers Required.</u>

C. PERSONNEL POLICIES (SRH Section 3.050)

	YES	NO	N/A
1. Does the Subrecipient have written personnel policies that contain the following:			
a. Work hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Compensation rates, including overtime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vacation, sick and other leave allowances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hiring and promotional policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug-free workplace compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Code of conflict/conflict of interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Equal Employment Opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Anti-discrimination, including complaint procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Anti-harassment, including complaint procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Limited English proficiency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Subrecipient have documentation confirming personnel policies were approved by the Governing Board or applicable personnel department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Subrecipient provided all required personnel documents
--

D. PERSONNEL FILES (SRH Section 3.055)

	YES	NO	N/A
1. Does the Subrecipient have personnel files that include:			
a. Application forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Resumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Job descriptions per SRH Section 3.045	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Appointment documents that include approved compensation rate(s), benefits, and other terms of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Signed Drug-Free Workplace policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Subrecipient have any applicable required training certifications, per programmatic requirements, in the personnel file or maintained elsewhere electronically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Subrecipient have documentations that personnel meet all programmatic requirements (e.g., proof of licensure, required degrees, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Viewed personnel file via Microsoft Teams

E. CIVIL RIGHTS – U.S. DEPARTMENT OF JUSTICE (DOJ), OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS (OCR) – CERTIFICATION FORM SUBMISSION REQUIREMENTS
 – Only for Subawards with federal funds administered through the Department of Justice (SRH Section 2.020)

All Subrecipients are required to prepare and submit a Certification Form online to the Office for Civil Rights at <https://ojp.gov/about/ocr/eeop.htm>. By submitting the Certification Form, either the Subrecipient acknowledges its obligation to develop and submit an EEO Plan to the Office for Civil Rights (OCR), OR the Subrecipient declares their exemption from the EEO Plan submission requirement.

If the Subrecipient has questions about preparing and submitting their Certification Form, please refer them to <https://ojp.gov/about/ocr/eeop.htm>.

	YES	NO	N/A
1. Was the Subrecipient able to produce a current (within the last 12 months) Certification Form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide the date the Subrecipient submitted their Certification Form online to the Office for Civil Rights (OCR):			<u>10/14/20</u>

Notes/Conclusions:

F. CIVIL RIGHTS – U.S. DEPARTMENT OF JUSTICE (DOJ), OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS (OCR) – EQUAL EMPLOYMENT OPPORTUNITY PLAN SUBMISSION REQUIREMENTS – Only for Subawards with federal funds administered through the Department of Justice **(SRH Section 2.025)**

A Subrecipient is required to prepare and submit an Equal Employment Opportunity Plan (EEO) online to the Office for Civil Rights (OCR) at <https://ojp.gov/about/ocr/eeop.htm>, if it is a state or local government agency or a private business, has 50 or more employees, **and** has received a Grant Subaward of \$25,000 or more.

A Subrecipient is **exempt** from preparing and submitting an EEO if it is a nonprofit/community based organization, an Indian tribe, medical/educational institution, a state or local government agency, or a private business that has less than 50 employees or has received a Grant Subaward of less than \$25,000.

If the Subrecipient is unsure as to whether they are required to prepare an EEO, please refer them to <https://ojp.gov/about/ocr/eeop.htm>.

	YES	NO	N/A
1. If the Subrecipient is required to prepare and submit an Equal Employment Opportunity Plan online to the Office for Civil Rights (OCR), have they done so within the last 24 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide the date the Subrecipient submitted their EEO to the Office for Civil Rights (OCR):		10/22/20	

Notes/Conclusions:

G. CIVIL RIGHTS – NON DISCRIMINATION (SRH Section 2.020)

Current Protected Classes include: ancestry, age, color, disability (physical and mental, includes HIV and AIDS), genetic information, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin, race, religion (includes religious dress and grooming), sex/gender (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, or request for FMLA.

	YES	NO
1. Was the Subrecipient able to produce a current Equal Employment Opportunity (EEO) Policy, job advertisement, or blank employment application that states it does not discriminate in	<input checked="" type="checkbox"/>	<input type="checkbox"/>

employment practices based on all current protected classes listed above?

- 2. Was the Subrecipient able to produce a current Anti-Discrimination Policy Statement, brochure or posting showing that it does not discriminate in the delivery of services or benefits based on all current protected classes listed above?
- 3. Was the Subrecipient able to produce a written policy or procedure that notifies employees, program participants, and beneficiaries on how to file complaints and grievances alleging discrimination based on all current protected classes listed above?
- 4. Has the Subrecipient designated an employee to coordinate compliance with prohibiting discrimination in employment practices and in the delivery of services based on all current* protected classes listed above?
- 5. Has the Subrecipient submitted to the Office for Civil Rights any adverse findings of discrimination against the Subrecipient, issued by a federal or state court or a federal or state administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH)), etc.)?

Notes/Conclusions:

Subrecipient provided require documents. Has not had any findings in the last 5 years.

H. CIVIL RIGHTS – LIMITED ENGLISH PROFICIENCY (LEP) (SRH Section 2.020)

YES NO

Was the Subrecipient able to produce a policy or procedure indicating how it provides meaningful access to services and activities to persons who have limited English proficiency (i.e. written language/oral interpretation services, bilingual staff, telephone interpreter lines, community volunteers etc.)?

Notes/Conclusions:

I. CIVIL RIGHTS – TRAINING (SRH Section 2.020)

	YES	NO
1. Did the Subrecipient review the online training videos administered by the U.S. Department of Justice (DOJ), Office of Justice Programs, Office for Civil Rights located at https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the Subrecipient train employees on the requirements of federal civil rights laws?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Questions about compliance with civil rights obligations and nondiscrimination provisions please refer them to <https://ojp.gov/about/ocr/eeop.htm>.

Notes/Conclusions:

J. CIVIL RIGHTS – FAITH-BASED/RELIGIOUS ORGANIZATIONS – Only for Subawards with federal funds to faith-based or religious organizations (SRH Section 2.020)

	YES	NO	N/A
1. Does the Subrecipient maintain its religious activities separate from its federally funded services and benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the Subrecipient ensure that participation in its religious activities is voluntary for program participants in its federally funded program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the Subrecipient notify those program beneficiaries who object to the “religious character” of the Subrecipient that they will make a reasonable effort to locate, and notate its records of, an alternate organization that offers comparable services and benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

Not Required

K. CIVIL RIGHTS – VIOLENCE AGAINST WOMEN ACT (VAWA)/OFFICE FOR VIOLENCE AGAINST WOMEN (OVW) – Only for Subawards with federal funds awarded through OVW (SRH Section 2.020)

	YES	NO	N/A
1. Does the Subrecipient serve all victims of domestic violence, dating violence, sexual assault, and stalking irrespective of their sex/gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are the Subrecipient’s programs, services and activities segregated by, and specific to, sex/gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how does the Subrecipient segregate its programs, services and activities by sex/gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

<p><u>Not Required.</u></p>

III. FINANCIAL REQUIREMENTS

A. ACCOUNTING PROCEDURES (SRH Section 9.020)

	YES	NO	N/A
1. Does the Subrecipient have written accounting procedures regarding the following accounting and reporting functions?			
a. Cash receipts and revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deposits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cash disbursement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Payroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. General ledger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Equipment inventory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Subrecipient have payroll records that include:			
a. W-2 or W-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personnel action forms (i.e., approved pay rates by the Governing Board or appropriate personnel agency, promotions, terminations, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cumulative earnings records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Leave records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employee authorization deduction forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Paid invoices submitted by employees for reimbursement of benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

Subrecipient provided all required accounting procedures.

B. GENERAL LEDGER (SRH Section 9.045)

	YES	NO	N/A
1. Does the general ledger record funds in three categories consistent with the Grant Subaward (i.e., Personnel Costs, Operating Costs, and Equipment Costs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Subrecipient have source documentation that supports general ledger entries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Subrecipient was able to support expenditures for the period July 1, 2020 – September 30, 2020 from the General Ledger down to invoices and timesheets.

C. GRANT SUBAWARD EXPENDITURES (SRH Section 9.070)

	YES	NO	N/A
1. Is the Grant Subaward expenditure rate commensurate with the time elapsed for the Grant Subaward performance period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the expenditures being made in accordance with the terms of the Grant Subaward?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Subrecipient claiming state funds before federal funds if both are allocated for the same line item?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the Subrecipient claiming older federal funds before newer federal funds if both are allocated for the same line-item?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is the Subrecipient up-to-date with the submission of Report of Expenditures and Request for Funds (Cal OES Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Subrecipient have an adequate record-keeping system that accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal OES Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Subrecipient need to submit a Grant Subaward Modification (Cal OES Form 2-223)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Grant ended 12/31/20 with a \$0 balance. All funds expended. Records support funds requested on CalOES 2-201 forms.

D. EQUIPMENT (SRH Section 5.030)

	YES	NO	N/A
1. Does the Subrecipient have equipment records that include the following:			
a. Description of the property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serial number or other identification number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identification of title holder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Acquisition date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cost of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Percentage of cost supported with federal funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Location of equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use and condition of the equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Disposition date, including fate or disposal or sale price	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the record reconciled within the past two years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the equipment available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Conclusions:

Subrecipient purchased TurboVap LV Automated Solvent Evaporation System with Multi Rack and also Agilent Technologies Atmospheric Pressure Chemical

Ionization (APCI) Source. Equipment log was complete and equipment has inventory tags on them.

E. MATCH REQUIREMENTS (SRH Section 9.060)

	YES	NO	N/A
1. Does the Subrecipient have adequate source documentation for all cash match reported on a Report of Expenditure and Request for Funds (Cal OES Form 2-201)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the Subrecipient have source documentation for volunteers to support what was reported as in-kind match on a Report of Expenditure and Request for Funds (Cal OES Form 2-201), including:			
a. Volunteer time log	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. How the hourly rate was established	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the Subrecipient have source documentation for other in-kind match reported on a Report of Expenditure and Request for Funds (Cal OES Form 2-201)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the match being reported as it is accrued?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the Subrecipient need to submit a Grant Subaward Modification Request (Cal OES Form 2-223)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes/Conclusions:

Not Required.

F. SEPARATION OF DUTIES (SRH Section 9.040)

	YES	NO	N/A
1. Does the Subrecipient confirm understanding that members of the same family or household (e.g., spouse, partner, parent, sibling, child, etc.) are considered one person for the purposed of separation of duties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals assigned to:			
• Receiving/depositing cash receipts			
Name	Title		
<u>Christina Moore</u>	<u>Accounting Tech</u>		
<u>John Kincaid</u>	<u>Accounting Tech</u>		
• Authorizing cash disbursements			
Name	Title		
<u>Melissa Chavez</u>	<u>Senior Administrative Analyst</u>		
<u>John Black</u>	<u>Chief, Administration & Fiscal Services</u>		

- Preparing checks

Name

Title

DOF Payment Services –
Kimberly Wills-Lee – Review &
post invoices

Accounting Manager

DOF Warrant Accounting Unit –
Jun Nguyen – Process & prints
checks related to invoices

Accounting Manager

- Attaching electronic signatures or operating a check signing machine

Name

Title

DOF Warrant Accounting Unit –
Jun Nguyen

Accounting Manager

- Comparing machine-signed checks with authorizations and supporting documents (or signing checks manually after personally comparing them with authorizations and supporting documents)

Name

Title

DOF Warrant Accounting Unit –
Jun Nguyen

Accounting Manager

- Preparing or initiating invoices

Name

Title

Christina Moore

Administrative Services Officer

Notes/Conclusions:

Subrecipient was not able to provide information during online meeting on June 7, 2021. Information was emailed to CalOES on June 8, 2021.

IV. ADDITIONAL COMMENTS AND RECOMMENDATIONS

The virtual Performance Assessment meeting was held on June 7, 2021 at 10:00 a.m. via Microsoft Team. The Subrecipient had email much of the required information and documents to CalOES the previous week. The subrecipient was able to provide all required information by June 8, 2021, before this report was written. Therefore, the Subrecipient is found to be in full compliance with the Performance Assessment.

From previous Site Visits and this Performance Assessment, the Subrecipient appears to be very professional and the Grant Subaward well run.