

**INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA**

GRANT AWARD AGREEMENT
of Base and Additional Funds for Fiscal Year 2024-25
Workers' Compensation Insurance Fraud Program

The Insurance Commissioner of the State of California hereby makes an award of funds to **Sonoma County**, Office of the District Attorney, in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this agreement and the application for the grant and made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant program in accordance with all applicable statutes, regulations, and the grant application.

Duration of Grant: The grant award is for the program period **July 1, 2024** through **June 30, 2025**.

Purpose of Grant: This grant award is made pursuant to the provisions of California Insurance Code Section 1872.83 and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation insurance fraud cases.

Amount of Grant: The total grant award agreed to herein is in the amount of **\$312,643**, which is comprised of a Base Award amount of **\$293,026** and an Additional Award amount of **\$19,617**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Section 62.6 of the Labor Code. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code §13000 et seq. The grant award shall be distributed pursuant to Section 1872.83 of the Insurance Code and the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

<p>Carla Rodriguez District Attorney</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Authorized Official</p> <p>Name: Shane Lewis Title: Administrative Services Officer II</p> <p>Date: _____</p>	<p>RICARDO LARA Insurance Commissioner</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Authorized Official</p> <p>Name: Crista Hill Title: Division Chief, Financial and Business Management Division</p> <p>Date: _____</p>
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I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

Megan Clarke, Chief Budget Officer,
Financial and Business Management Division

Date