

Applicant Information

* Is the applicant delinquent on any federal debt	No
* Employer Identification Number (EIN)	68-0278801
* Type of Applicant	State
Type of Applicant (other):	
* Organizational Unit	Criminal Justice Programs Division
* Legal Name (Legal Jurisdiction Name)	California Office of Homeland Security - Office of Emergency Services
* Vendor Address 1	P. O. Box 419047
Vendor Address 2	None
* Vendor City	Rancho Cordova
Vendor County/Parish	Sacramento
* Vendor State	California
* Vendor ZIP	95741-9047
Contact information for matters involving this application	
Contact Prefix:	Ms.
Contact Prefix (Other):	
Contact First Name:	Gwenyth
Contact Middle Initial:	
Contact Last Name:	Sarine
Contact Suffix:	
Contact Suffix (Other):	
Contact Title:	Drug Enforcement Section Chief
Contact Address Line 1:	1130 K Street Suite 300

Contact Address Line 2:	
Contact City:	Sacramento
Contact State:	California
Contact Zip Code:	95814-3927
Contact Phone Number:	(916) 324-9166
Contact Fax Number:	(916) 323-1756
Contact E-mail Address:	gwen.sarine@oes.ca.gov

Project Information

Descriptive Title of Applicant's Project		
Edward Byrne Memorial State and local Law Enforcement Assistance Formula Block Grant		
Areas Affected by Project		
Statewide		
Proposed Project		
	* Start Date	October/ 01/ 2003
	* End Date	September/ 30/ 2007
* Congressional Districts of		
	Project	Congressional District 49, CA
* Estimated Funding		
Federal		\$50238677.00
Applicant		\$0.00
State		\$16746226.00
Local		\$0.00

Other	\$0.00
Program Income	\$0.00
TOTAL	\$66984903.00

**State of CALIFORNIA
Certifications for the Edward Byrne Memorial Fund Grant Program**

Review and Comment

The state application, and any amendment thereto, has been submitted for review to the state legislature, or its designated body. For purposes of this section, such application or amendment shall be deemed to have been reviewed if the state legislature, or its designated body, does review such application or amendment within the 30-day period beginning on the date such application or amendment is submitted thereto.

Additionally, the state application, and any amendment, is made public before submission to BJA, in the manner deemed most appropriate by the state and according to the policies set forth in the Byrne Program Guidance.

HIV Certification

On behalf of the State of California, Dallas Jones, the certifying official for this grant application, certifies that to the best of his knowledge and belief, that:

Legislation has been enacted and is being enforced in this State that meets the requirements of Section 1804 of the Crime Control Act of 1990, codified as 42 U.S.C. § 3756(f), to provide for, at the request of the victim of these offenses:

1. Testing for the Human Immunodeficiency Virus (HIV) of any offender (adult or juvenile) convicted (or adjudicated delinquent) or sexual acts that have the same meaning as those defined in 18 U.S.C. § 2245(2)(A) or (B);
2. Disclosing the results of such test of the offender to the victim; and
3. Providing the victim of such sexual act with 1) counseling regarding HIV disease, 2) HIV testing in accordance with applicable law, and 3) referral to appropriate health care and support services.

USCIS Certification

The State of California has established a plan under which the state will provide, without fee to the Bureau of U.S. Citizenship and Immigration Service, within 30 days of the date of their conviction, notice of conviction of aliens who have been convicted of violating the criminal laws of the state and under which the state will provide the Service with certified records of such conviction within 30 days of the date of a request by the Service for such record.