

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION OF THE NAPA COUNTY BOARD OF SUPERVISORS,  
STATE OF CALIFORNIA, FOR ACCEPTING AND RECEIVING FUNDING FOR  
THE VICTIM WITNESS ASSISTANCE (VW) PROGRAM THROUGH  
THE CALIFORNIA OFFICE OF EMERGENCY SERVICES**

**WHEREAS**, the Napa County District Attorney's Office was awarded a competitive grant by California Office of Emergency Services (CalOES) for the Victim Witness Assistance (VW) Program to provide comprehensive services to victims and witnesses of all types of violent crime, pursuant to California Penal Code §13835.

**WHEREAS**, the Victim Witness Assistance (VW) Program is to be funded by CalOES through the federal Victims of Crime Act (VOCA).

**WHEREAS**, Napa County District Attorney's office was awarded \$376,543 for Victim Witness Assistance (VW) Program for the period beginning October 1, 2025 and ending September 30, 2026.

**NOW, THEREFORE, BE IT RESOLVED** by the Napa County Board of Supervisors as follows:

1. The Board of Supervisors authorizes the Napa County District Attorney to apply for, execute and sign grant subaward documents, including amendments, extensions, and modifications, thereof, for the Victim Witness Assistance (VW) Program for the period beginning October 1, 2025 and ending September 30, 2026.

**THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED**  
 by the Napa County Board of Supervisors, State of California, at a regular meeting of the Board  
 held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the following vote:

AYES: SUPERVISORS \_\_\_\_\_  
 \_\_\_\_\_

NOES: SUPERVISORS \_\_\_\_\_  
 \_\_\_\_\_

ABSTAIN: SUPERVISORS \_\_\_\_\_  
 \_\_\_\_\_

ABSENT: SUPERVISORS \_\_\_\_\_  
 \_\_\_\_\_

NAPA COUNTY, a political subdivision of  
 the State of California

By: \_\_\_\_\_  
 ANNE COTTRELL, Chair of the  
 Board of Supervisors

<p>APPROVED AS TO FORM          Office of County Counsel</p> <p>By: <u>Corey S. Utsurogi</u>          Deputy County Counsel</p> <p>Date: <u>9/3/25</u></p>	<p>APPROVED BY THE          NAPA COUNTY          BOARD OF SUPERVISORS</p> <p>Date: _____          Processed By: _____          _____          Deputy Clerk of the Board</p>	<p>ATTEST: NEHA HOSKINS          Clerk of the Board of Supervisors</p> <p>By: _____</p>
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