

**INSURANCE COMMISSIONER  
OF THE STATE OF CALIFORNIA**

**GRANT AWARD AGREEMENT**

**Fiscal Year 2021-22**

**Workers' Compensation Insurance Fraud Program**

The Insurance Commissioner of the State of California hereby makes an award of funds to **San Bernardino 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 Request-for-Application (RFA).

**Duration of Grant:** The grant award is for the program period **July 1, 2021** through **June 30, 2022**.

**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 grant award agreed to herein is in the amount of **\$2,468,805**. 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 Section 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>Official Authorized to Sign for Applicant/Grant Recipient</p>    <p>Name: Jason Anderson Title: District Attorney</p> <p>Address: 303 West Third St., Sixth Floor San Bernardino, CA 92415</p> <p>Date: _____</p>	<p><b>RICARDO LARA</b> Insurance Commissioner</p>    <p>Name: <b>George Mueller</b> Title: Deputy Commissioner</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.

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Crista Hill, Budget Officer, CDI

\_\_\_\_\_  
Date

**DEPARTMENT OF INSURANCE  
WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM**

<b>BUDGET CATEGORY AND LINE ITEM DETAIL</b>	<b>2021-22 AWARDED BUDGET</b>
<b>A. Personnel Services - Salaries/Employee Benefits</b>	
All program salary and benefit rates are per the current Attorney, Safety, Safety Management, and General Memoranda of Understanding with the County of San Bernardino.	
3.0 FTE DEPUTY DISTRICT ATTORNEY IV	<b>564,586</b>
6.0 FTE SENIOR INVESTIGATOR	<b>952,427</b>
.85 FTE SUPERVISING INVESTIGATOR	<b>148,721</b>
1.0 FTE SECRETARY I	<b>42,068</b>
<b>TOTAL SALARIES:</b>	<b>1,707,802</b>
<b>BENEFITS FOR 10.85 FTE EMPLOYEES FOR ONE YEAR:</b>	
3.0 FTE DEPUTY DISTRICT ATTORNEY IV Indemnification Indemnification Allowance/Cafeteria Plan Life Insurance Medical Insurance Retirement Short-term Disability Social Security Medicare Survivor's Benefits Vision Care Workers' Compensation	<b>254,063</b>
6.0 FTE SENIOR INVESTIGATOR Indemnification Indemnification Allowance/Cafeteria Plan Life Insurance Long-Term Disability Medical Insurance Retirement Social Security Medicare Uniform Vision Care Workers' Compensation	<b>369,063</b>
	<b>CONT'D</b>

**DEPARTMENT OF INSURANCE  
WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM**

BUDGET CATEGORY AND LINE ITEM DETAIL	2021-22 AWARDED BUDGET
<b>A. Personnel Services - Salaries/Employee Benefits cont'd.</b>	
.85 FTE SUPERVISING INVESTIGATOR Indemnification Indemnification Allowance/Cafeteria Plan Life Insurance Long-Term Disability Medical Insurance Retirement Social Security Medicare Uniform Vision Care Workers' Compensation	<b>116,002</b>
1.0 FTE SECRETARY Indemnification Indemnification Allowance/Cafeteria Plan Life Insurance Medical Insurance Retirement Short-Term Disability Social Security Medicare Survivor's Benefits Vision Care Workers' Compensation	<b>21,875</b>
<b>TOTAL BENEFITS:</b>	<b>761,003</b>
<b>TOTAL SALARIES AND BENEFITS:</b>	<b>2,468,805</b>

**DEPARTMENT OF INSURANCE  
WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM**

BUDGET CATEGORY AND LINE ITEM DETAIL	2021-22 AWARDED BUDGET
<b>B. Operating Expenses</b>	
<b>OFFICE EXPENSE</b>	-
Consumable office supplies necessary to administer and run program. Includes office supplies, stamps and software.	
<b>AUDIT ALLOWANCE</b>	-
Financial and compliance audit per guidelines.	
<b>MOTOR POOL</b>	-
3 full-size sedans	
3 x \$78 x 12 months	
35,000 miles x 0.60 per mile	
1 compact SUV	
1 x \$78 x 12 months	
13,500 miles x 0.60 per mile	
2 mid-size SUV's	
2 x \$78 x 12 months	
25,000 miles x 0.65 per mile	
All vehicle mileage charges are established by San Bernardino County Fleet Services and approved by the Board of Supervisors for fiscal year 2021-22 during the budget cycle. The department has no control over the per mile charge for vehicles.	
<b>ADVERTISING COSTS</b>	-
Cost to run ad on public transportation	
<b>COMMUNICATIONS</b>	-
Communication services and long distance expenses necessary to administer and run program.	
<b>MEMBERSHIP</b>	-
Allowance for memberships in organizations that provide a network for obtaining new cases.	
<b>TRAINING</b>	-
Registration for training personnel on the Workers' Comp. Fraud system and the investigation and prosecution of Fraud.	
<b>DATA PROCESSING</b>	-
County mandated charges for payroll processing.	
<b>TOTAL</b>	
	<b>CONT'D</b>

**DEPARTMENT OF INSURANCE  
WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM**

<b>BUDGET CATEGORY AND LINE ITEM DETAIL</b>	<b>2021-22 AWARDED BUDGET</b>
<p><b>B. Operating Expenses    cont'd</b></p> <p><b>SUBSCRIPTIONS AND PUBLICATIONS</b> Legal updates and publications pertaining to Workers' Compensation Insurance Fraud.</p> <p><b>OTHER TRAVEL</b> Hotels, meals &amp; travel for training, seminars and meetings for investigative and prosecution staff. All travel is within California.</p> <p><b>PROFESSIONAL SERVICES</b> Expert witnesses to conduct evaluations and provide expert testimony in the courtroom.</p> <p><b>NON-INVENTORIABLE EQUIPMENT</b> To replace office equipment necessary to administer and run the Workers' Compensation program efficiently.</p> <p><b>PRINTING SERVICES</b> Request based on program needs including quick copy costs, printed envelopes and forms. Publication of outreach materials.</p> <p><b>PRIVATE MILEAGE</b></p> <p><b>POSTAGE</b></p>	<p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>
<b>TOTAL OPERATING EXPENSES</b>	<b>-</b>

**DEPARTMENT OF INSURANCE  
WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM**

BUDGET CATEGORY AND LINE ITEM DETAIL	2021-22 AWARDED BUDGET
C. Equipment	
CATEGORY TOTAL	-
PROGRAM BUDGET	2,468,805
CARRYOVER TOTAL	
INTEREST TOTAL	-