

Application Information Form

Program:*Unserved/Underserved Victim Advocacy and Outreach - UV25***Grant Subaward Performance Period:***01/01/2026 to 12/31/2026***Subrecipient:***County of Santa Barbara - District Attorney's Office***Subrecipient UEI:***DYLNNV6VBPR7***Subrecipient Federal Employer ID:***95-6002833***Implementing Agency:***County of Santa Barbara District Attorney***Payment Address****Primary Location of Project/Services****Address***1112 Santa Barbara Street***City:***Santa Barbara***Address 2****County:***Santa Barbara County***Zip Code:***93101-2008*

Contact Information Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

Grant Subaward Contacts

Grant Subaward Director

* **Person:** John Savmoch
 * **First Name:** John * **Last Name:** Savmoch
 * **Title:** District Attorney
 * **Phone:** (805) 568-2306 * **Email:** jsavmoch@countyofsb.org
 * **Address:** 1112 Santa Barbara St
 * **City:** Santa Barbara * **State:** California * **Zip Code:** 93101-2008

Grant Subaward Financial Officer

* **Person:** Michael Soderman
 * **First Name:** Michael * **Last Name:** Soderman
 * **Title:** CFAO
 * **Phone:** (805) 568-2303 * **Email:** Mdsoderman@countyofsb.org
 * **Address:** 1112 Santa Barbara St
 * **City:** Santa Barbara * **State:** California * **Zip Code:** 93101-2008

Grant Subaward Programmatic Point of Contact:

* **Person:** Megan Rheinschild
 * **First Name:** Megan * **Last Name:** Rheinschild
 * **Title:** Program Manager
 * **Phone:** (805) 588-2408 * **Email:** mriker@countyofsb.org
 * **Address:** 1112 Santa Barbara St
 * **City:** Santa Barbara * **State:** California * **Zip Code:** 93101-2008

Grant Subaward Financial Point of Contact:

* **Person:** Michael Soderman
 * **First Name:** Michael * **Last Name:** Soderman
 * **Title:** CFAO
 * **Phone:** (805) 568-2303 * **Email:** Mdsoderman@countyofsb.org
 * **Address:** 1112 Santa Barbara St
 * **City:** Santa Barbara * **State:** California * **Zip Code:** 93101-2008

Chair of the Governing Body

* **Person:** Other
 * **First Name:** Laura * **Last Name:** Capps
 * **Title:** Chair, Board of Supervisors
 * **Phone:** (805) 568-2191 * **Email:** lcapps@countyofsb.org
 * **Address:** 105 E Anapamu Street
 * **City:** Santa Barbara * **State:** California * **Zip Code:** 93101

Grant Subaward Authorized Agent

- ☐ *Caressa Stevenson*
- ☒ *John Savmoch*
- ☒ *Megan Rheinschild*
- ☒ *Michael Soderman*

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *****.
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- When done, click the **SAVE** button.

Form Specific Instructions:

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf	<input checked="" type="checkbox"/> *
Program Standard Assurance Addendum	<input checked="" type="checkbox"/> *
Standard Certification of Compliance	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

☒Subrecipient expends \$1,000,000 or more in federal funds annually.
☐Subrecipient does not expend \$1,000,000 or more in federal funds annually.
Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? * ☐Yes ☒No

Programmatic Narrative Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Narrative Questions/Responses

Question 1 *

*Describe how crisis intervention services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period.
*

Our Advocate is Spanish speaking and assists victims/survivors with crisis intervention services. The Detective Divisions of each of the local law enforcement agencies routinely contact Victim Witness Advocates directly to provide crisis intervention shortly after the crime and during the initial stages of an investigation. When necessary, our staff engage MICOP (Mixteco/Indigena Community Organizing Project) when a victim is indigenous speaking to facilitate timely crisis intervention and counseling support. MICOP is available in person and tele/video conferencing as needed. This is especially important when a victim/survivor is in crisis.

Question 2 *

*
Describe how counseling services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period.
*

The advocates provide referrals to qualified clinical therapists who offer privileged communications per California Law. The Victim Witness Program maintains a list of qualified therapists who have the skills and abilities in providing trauma informed counseling to victims of crime. Per office policy, the Program Advocates provide no less than 3 referrals to qualified therapists.

Question 3 *

*Describe how outreach services will be provided to the identified unserved/underserved victim/survivor crime group(s).
*

Program staff continue to conduct outreach in a variety of ways. Historically staff participated in annual events hosted by local agribusinesses. Thousands of workers and their families attended to receive information regarding community resources and service providers, including the Victim-Witness Assistance Program UV Advocates. Advocates are invited to attend informational sessions and community fairs in Santa Maria. This has been a valuable opportunity to engage with the community and explain victims/survivors' rights and available services. These partnerships also teach the community that while UV Advocates are housed at the District Attorney's Office, we act as a valuable victim service resource. UV Program staff have historically used radio to provide information to the community regarding criminal justice support, advocacy and victim/survivor services. Staff seek opportunities to participate in radio outreach to increase access to services and inform victims/survivors of their rights, services, as well as criminal justice information.

Question 4 *

*Describe how criminal justice support and advocacy services will be provided to the identified unserved/underserved victim/survivor crime group(s).
*

The District Attorney's Office Victim-Witness Assistance Program provides comprehensive mandatory and optional services including, but not limited to orientation to the criminal justice system, case status, victims' rights advocacy and victim compensation assistance in accordance with PC 13835. The County Board of Supervisors designates our office as the provider of services to Victims of Crime in the community. Our primary source of referrals is law enforcement. All criminal cases are sent to the office for filing consideration. In addition, the Victim Witness Program receives referrals from the Detective Divisions of each of the local law enforcement agencies prior to a completed investigation or a filing consideration when there is no arrest/suspect. We also have a Victim Advocate co-located at the Santa Maria Police Department who provides early intervention to victims of crime whose cases are unsolved or haven't been referred to our office due to lack of a suspect.

Question 5 *

*
Describe the plan to assist unserved/underserved victims/survivors of crime with applying for compensation benefits through the California Victim Compensation Board.
*

Our Victim-Witness Assistance Program has a Joint Powers contract with the State Victim Compensation Board. Advocates assist victims immediately with claim completion and expedite processing locally including but not limited to emergency relocation and funeral burial expenses. The Victim Witness Assistance Program also has a discretionary Victim Emergency Fund to assist victims with material needs such as emergency housing, food, clothing and transportation.

Question 6 *

*Describe the plan to maintain staff that are suitably equipped to execute all program components.
The UV Program has tenured staff with multiple years of experience assigned to the UV grant since 2010. The UV Program advocates have built sustainable relationships that have facilitated relationships and trust with the Underserved communities. Notwithstanding grant funding, the value of the relationships has yielded greater access to law enforcement, the District Attorney's Office and the Victim Witness Assistance Program. Victims who were previously underserved and would not access law enforcement, cooperate as witnesses, or contact the DA's office or the courts, now routinely reach out to Victim-Witness for resource/referral counseling, guidance within the criminal justice system to engage as critical witnesses. We continue to build a network of competent providers.*

Question 7 *

*Describe how cultural sensitivity training specific to the identified victim/survivor population is provided for all staff.
Advocates will attend cultural competency training related to the target population. The Victim-Witness Program utilizes Herencia Indigena, an indigenous non-profit organization that partners with Dignity Health (The Central Coast Hospital/Health Provider). They provide Cultural Competency/Trauma Informed training for social service providers. Herencia has conducted webinars for our staff regarding effective strategies to engage the indigenous community and continues to be a training resource for our program and DA Staff. Their staff are members of our target community and provide a link to the community. Our program also coordinates cultural awareness/trauma informed training within the non-profit organization, MICOP (Mixteco Indigenous Community Organizing Project) of the central coast.*

Question 8 *

*Describe how volunteers are used to accomplish the goals of the Program. If volunteers are not used, provide a justification for why a volunteer waiver is needed.
The program utilizes volunteers who provide direct services, sends case notification, criminal protective orders and victim-witness program information to victims.*

Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	<i>>5 years</i>
How many years of experience does your current bookkeeper/accounting staff have managing grants?	<i>3-5 years</i>
How many grants does your organization currently receive?	<i>3-10 grants</i>
What is the approximate total dollar amount of all grants your organization receives?	<i>\$2,800,000</i>
Are individual staff members assigned to work on multiple grants?	<i>Yes</i>
Do you use timesheets to track the time staff spend working on specific activities/projects?	<i>Yes</i>
How often does your organization have a financial audit?	<i>Annually</i>
Has your organization received any audit findings in the last three years?	<i>Yes</i>
Do you have a written plan to charge costs to grants?	<i>Yes</i>
Do you have written procurement policies?	<i>Yes</i>
Do you get multiple quotes or bids when buying items or services?	<i>Sometimes</i>
How many years do you maintain receipts, deposits, cancelled checks, invoices?	<i>>5 years</i>
Do you have procedures to monitor grant funds passed through to other entities?	<i>Yes</i>

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Santa Maria Police Department</i>	<i>01/08/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Lideras Campesinas</i>	<i>02/07/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>North County Rape Crisis and Child Protection Center</i>	<i>01/25/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Santa Barbara County Sheriff's Office</i>	<i>01/19/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Dignity Health</i>	<i>01/16/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Domestic Violence Solutions</i>	<i>01/17/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>

Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2025 VCGF	2025	State	\$86,048	\$0	\$86,048	\$0	\$0	\$0	\$0
2025 VOCA	2025	Federal	\$110,858	\$0	\$110,858	\$0	\$0	\$0	\$0
			\$196,906	\$0	\$196,906	\$0	\$0	\$0	\$0

Budget Cost Categories

Cost Form Selection(s)

☒ Personnel Costs

☐ Volunteer Costs

☐ Contractor/Consultant Costs

☐ Rent Costs

☐ Travel Costs

☐ Equipment Costs

☐ Financial Assistance For Client's Costs

☐ Second-Tier Subward Costs

☐ Audit Costs

☒ Indirect Costs

☐ Other Operating Costs

☒ Match Waiver

UV25 VOCA Match Waiver Request Form.pdf

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *****.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *****

VW Program Advocate
Description *****

The advocate is available countywide to provide timely services to suspected victims and works closely with law enforcement and community partners to provide the full range of mandated and optional Victim/Witness services including victim compensation assistance. The Advocate's focus is responsible for outreach activities to the targeted community and all direct provision of comprehensive Victim/Witness services, and ongoing intensive case management and advocacy efforts.

[]Hourly

[X]Salary

	Salary Per Month *	Number of Months *	Hours of Full-Time Workweek *
	\$8,308.65	12.00	40.00
FTE *	Full-Time Equivalent in Hours		Salary Calculation Total
1.0000	2,080	%	\$99,704
Does this position provide benefits? *			[X]Yes []No
Benefits Percentage *		Benefits Calculation	
35.00 %		\$34,896	
Benefits Description *			
Retirement, FICA, Medicare, Health Insurance			
Calculation Total (Includes Benefits if provided)			
\$134,600			

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name		Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount		Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal		\$67,300		\$0	\$67,300			Not Applicable	
2025 VCGF	2025	State		\$67,300		\$0	\$67,300				
\$134,600						\$0			\$0	\$0	\$134,600

- ## Fund Source Allocations Instructions

Funding Source Name		Fiscal Year	Type	Allocation		Cash Match Amount		In Kind Match Amount		Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal		\$27,875				\$0	\$27,875			Not Applicable	
2025 VCGF	2025	State		\$8,748				\$0	\$8,748				
						\$36,623		\$0			\$0	\$0	\$36,623

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item

MTDC @ 15% De Minimis

Indirect Cost Rate

15% De Minimis

Description/Justification

15% used for Overhead Costs, Administrative Salary, Utilities, IT Software, Office Suplies, Printing and Other

Calculation Method

(Personnel \$171,223) + (Operating \$0) * 15% = \$25,683

Calculation Total

\$25,683

Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	
2025 VOCA	2025	Federal	\$15,683			\$0	\$15,683		
2025 VCGF	2025	State	\$10,000			\$0	\$10,000		
			\$25,683	\$0	\$0	\$0	\$25,683		

Application Signatures Form

Assurances/Signatures

Proof of Authority/Governing Body Resolution *

[] This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

Upload Proof of Authority/Governing Body Resolution *

Standard Certification of Compliance *

[] By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Program Standard Assurance Addendum *

[] The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances *

[] By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

California Public Records Act *

[] I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

Upload California Public Records Act Exemption

Authorized Agent

Name:

Signature:

Title:

Date: