

Application Information Form

Program:

Child Advocacy Center - KC24

Grant Subaward Performance Period:

04/01/2025 to *03/31/2026*

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

*1112 SANTA BARBARA ST
SANTA BARBARA
California
Santa Barbara County
93101-2008*

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

First Name: John
Title: District Attorney
Phone: (805) 568-2308
Address: 1112 Santa Barbara Street
City: Santa Barbara

Last Name: Savmoch
Email: jsavmoch@countyofsb.org
State: California **Zip Code:** 93101-2008

Financial Officer

Name: Michael
Title: Chief Financial Officer
Phone: (805) 568-2303
Address: 1112 Santa Barbara Street
City: Santa Barbara

Last Name: Soderman
Email: msoderman@countyofsb.org
State: California **Zip Code:** 93101-2008

Programmatic Point of Contact:

Name: Megan
Title: Victim Witness Program Director
Phone: (805) 568-2408
Address: 1112 Santa Barbara Street
City: Santa Barbara

Last Name: Rheinschild
Email: mriker@countyofsb.org
State: California **Zip Code:** 93101-2008

Financial Point of Contact:

Name: Michael
Title: Chief Financial Officer
Phone: (805) 568-2303
Address: 1112 Santa Barbara Street
City: Santa Barbara

Last Name: Soderman
Email: msoderman@countyofsb.org
State: California **Zip Code:** 93101-2008

Chair of the Governing Body

Name: Steve
Title: Chair, Board of Supervisors
Phone: (805) 346-8400
Address: 511 Lakeside Pkwy, Suite 141
City: Santa Maria

Last Name: Lavagnino
Email: steve.lavagnino@countyofsb.org
State: California **Zip Code:** 93455-1310

Grant Subaward Authorized Agent

Caressa Stevenson

Grant Subaward Assurances Form

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 - 2024 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 the Child Advocacy Center (CAC) and the elements that contribute to a dedicated child-focused setting. A major component of the Santa Barbara County SART Program is to provide child forensic interviews in a neutral, child-friendly facility not associated with a police station or other law enforcement facility. The SART Program has grown from one location donated by Cottage Hospital in Santa Barbara to two additional sites donated by Marian Medical Center in Santa Maria and the Lompoc District Hospital in the City of Lompoc. Together these three locations accommodate the vast geographical distribution of the County. Each of these locations has been established to accommodate medical examinations, child forensic interviews, and related advocacy services. Two of the locations (Santa Barbara and Lompoc), are in converted homes in residential areas making the interview setting less intimidating for the child. The Santa Maria SART facility is in a medical setting, but the waiting area is very child friendly, with toys for children, and an interview room that is akin to the décor of a small living room. Each of the sites is decorated and furnished with close attention to design and color schemes that mitigate the anxiety that child survivors and family members experience in the wake of a child abuse allegation.

Question 2 *

Describe the direct services offered at the CAC and indicate which services are funded by this Grant Subaward. The grant will support funding for the 1.0 FTE SART Coordinator position. The SART Coordinator acts as a liaison for law enforcement, the CALM child forensic interviewers, the District Attorney's Office Victim Witness Services Program (including the provision of Victim Witness Advocates at each CFI), and other SART partners, and manages the three SART facilities serving Santa Barbara County. The SART Coordinator is an expert interviewer, who conducts child forensic interviews as needed. The SART Coordinator ensures that law enforcement and Child Welfare Services have access to timely forensic interviews, and that child abuse survivors and families receive wrap around services through the various countywide agency partners. The SART Coordinator also provides quality assurance to the cadre of forensic interviewers and partners.

The funds will be used to offset some of the costs of expert Forensic Interviewers contracted through CALM (Child Abuse Listening and Mediation). CALM, which is a part of the SART Program's multidisciplinary team, employs the interviewers. Forensic Interviewers are readily available during normal business hours. Occasionally, these interviews may occur after-hours depending upon the situation and need for immediacy. The requested funds will also fund a portion of an experienced bilingual Victim Witness Program Advocate who provides resources, referrals, information and accompaniment to victims/survivors.

Question 3 *

Indicate the agencies the CAC refers child abuse victims/survivors and their families to for additional wrap around services.

At the time of a child forensic interview, wrap around services and referrals are provided to family members and child guardians through the District Attorney's Victim Witness Assistance Program Advocate, CALM, and the local Rape Crisis Centers, depending on the age of the individual child and their therapeutic needs. If the child is an adolescent, the team coordinates appropriate services through the relevant agencies. Both CALM and Rape Crisis Centers provide clinical counseling for the child and family members. The Victim Witness Assistance Program provides mandated and optional services as needed in accordance with PC 13835, including but not limited to, case status updates, criminal justice orientation, and victim compensation assistance through the VW Program's Joint Powers contract with the State Victim Compensation Program.

Question 4 *

Describe the composition of the CAC's multidisciplinary team. Identify members and provide their credentials to support the delivery of trauma-focused, evidence -supported services to child abuse victims/survivors and their families.

The District Attorney's Office, Public Health Department, Child Welfare Services, law enforcement, Cottage Hospital, and CALM first collaborated to form the Santa Barbara SART Program in 1988. The program has grown into a collaborative multidisciplinary team of 19 agencies including law enforcement, the District Attorney's office, local hospitals, Public Health, Child Welfare Services, rape crisis, Vandenberg Air Force Base, the Federal Prison system and local non-profit providers. The SART Program provides services to all incorporated cities in the County of Santa Barbara and the unincorporated areas of the County.

The SART Program coordinates and provides trauma informed expert child forensic interviewers at the request of law enforcement and Child Welfare Services. CALM's Child Forensic Interviewers attend and complete a mandatory minimum of 32 hours of training. The California Child Forensic Interview Training (CFIT) by the Northern and Southern California Child Abuse Training and Technical Assistance (CATT) centers meet that criterion. All CALM's Child Forensic Interviews have completed the CFIT training. Additionally, CALM's Child Forensic Interviewers have an educational background in either Psychology or Social Work. The forensic interview is an evidence-based process in which an alleged victim is questioned in a developmentally appropriate, non-aggressive, non-suggestive, and forensically defensible manner, using the widely adopted and evidence based 10-step child-centered approach developed by Tom Lyon. The Program Advocate, has been the designated advocate for the KC program, is bilingual, and has completed the State CCVAA Advocate training.

Question 5 *

Describe the required cultural competency and diversity training implemented to meet the needs of the community served by the CAC.

Santa Barbara County SART is committed to providing services that are respectful of and responsive to the beliefs, practices, cultural, linguistic and geographic needs of diverse clients. KC Program partners participate in regular cultural competency training included, but not limited to, in-service and formal trainings. The District Attorney's Office has an MOU with Lideres Campesinas a farmworker advocacy organization that provides in-service training opportunities. SART sites and service providers are located throughout the county in each of the communities where the majority of residents live. The Victim Witness Assistance Program contracts with a local non-profit agency MICOP, who provides Indigenous Translators for Mixteco speaking survivors. A Spanish speaking advocate provides forensic interview accompaniment to families and is assigned to child abuse survivors and families who are bilingual and/or predominately Spanish speaking. As needed, the KC Program utilizes "Language-Line" an organization of on-demand professional interpreters in 240-plus languages via mobile or video access.

Question 6 *

Describe the written protocols for case review and case tracking procedures. Identify the case tracking system utilized to gather information on essential demographics and case information.

The Case Review and Policy Council Meetings are a venue to share relevant information among the SART members, pursuant to the Santa Barbara County Sexual Assault Response Team Policy and Procedure Manual. SART conducts monthly scheduled case review meetings to inform key parties of the status of cases, any unmet needs of survivors, and legal considerations related to the case; and to coordinate comprehensive services for survivors of sexual assault and their significant others. The SART Coordinator and Advocate utilize an integrated case management system that includes case status, survivor's age, demographic and language information. Current active cases are reviewed at these meetings and specific cases may be selected by the SART Coordinator and/or SART Coalition members for case review and analysis. SART agencies assign a representative to attend the case review, who is responsible for providing information on all SART cases in which their agency is involved.

The purpose of the case review portion of the meeting is to:

- Share information about active cases; their medical and legal status; and service provision by SART Coalition Members
- Strategize how best to meet particular challenges of a case and provide a comprehensive, coordinated response
- Address procedural issues that might impact any open or future cases
- Enhance the team process; increase skills and knowledge base; strengthen the SART Coalition
- Provide in-service training by SART member agencies

Question 7 *

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 KC Program does not have available volunteers that would meet the minimum requirements to work with the program. Human resources are sufficient to meet the goals and objectives of the program.

Required Document #1

Current California Child Advocacy Center Certificate of Membership
Document #1 Template

*Santa Barbara County_Certificate of Membership.pdf**

Required Document #2

Proof of Authority

Document #2 Template

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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>\$2,900,000</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>CALM - Child Abuse Listening and Mediation</i>	<i>08/24/2022</i>	<i>04/01/2022</i>	<i>03/31/2027</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	
2024 VCGF	2024	State	\$89,400	\$0	\$89,400	\$89,400	\$0	\$0	\$89,400	\$
2024 VOCA	2024	Federal	\$110,600	\$0	\$110,600	\$110,600	\$0	\$0	\$110,600	\$
			\$200,000	\$0	\$200,000	\$200,000	\$0	\$0	\$200,000	

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

KC24 0328 01 Santa Barbara MW.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 *

Provides advocacy services, crisis intervention, accompaniment, resource and referral, orientation to the criminal justice system and case status information to the victim, guardians and family members.

Hourly

	Salary Per Month *	Number of Months *	[X]Salary	Hours of Full-Time Workweek *
	\$6,349.30	12.00		40.00

FTE *

Full-Time Equivalent in
Hours

0.1500

2,080

%

Salary Calculation Total

\$11,429

Does this position provide benefits? *

[X]Yes

No

Benefits Percentage *

40.00 %

Benefits Calculation

\$4,571

Benefits Description *

Benefits include retirement, FICA, Medicare, and health insurance

Calculation Total (Includes Benefits if provided)

\$16,000

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
2024 VCGF	2024	State	\$16,000	\$	\$	\$0	\$16,000	\$	
				\$16,000	\$0	\$0	\$0	\$0	\$16,000

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 Supervisor

Description *

Provides SART Coordination, advocacy services, policy/procedure guidance, resources and referrals, and oversees the program. Provides ongoing support to team members and conducts forensic interviews.

Hourly

	Salary Per Month *	Number of Months *	[X]Salary	Hours of Full-Time Workweek *
	\$9,135.80	12.00		40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

1.0000

2,080

%

\$109,630

Does this position provide benefits? *

[X]Yes

No

Benefits Percentage *

Benefits Calculation

35.00 %

\$38,370

Benefits Description *

Benefits include retirement, FICA, Medicare, and health insurance

Calculation Total (Includes Benefits if provided)

\$148,000

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
2024 VCGF	2024	State	\$68,000	\$	\$0	\$68,000	\$		
2024 VOCA	2024	Federal	\$80,000	\$	\$0	\$80,000	\$		<i>Not Applicable</i>
				\$148,000		\$0	\$0	\$0	\$148,000

Second-Tier Subaward Budget Category Form

Second-Tier Subawards Costs

Budget/Project Line-Item

2nd Tier Subaward - CALM

Description

CALM is a 2nd Tier Subaward that provides unique services such as child forensic interviews to the program population. The contract includes Consultant Supervisor, CALM Consultant Forensic Interviewers, CALM Project Director, and all operating necessary costs

Calculation Total

\$36,000

Calculation Description

The contract is for \$300 per interview up to 120 interviews = \$36,000

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
2024 VOCA	2024	Federal	\$30,600	\$	\$	\$0	\$30,600	\$
2024 VCGF	2024	State	\$5,400	\$	\$	\$0	\$5,400	\$
			\$36,000	\$0	\$0	\$0	\$36,000	

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.

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.

Fund Assurances *

By checking this box, I certify I have read all applicable Federal Fund 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: