

# Application Information Form

**Program:**

*Victim/Witness Assistance - VW25*

**Grant Subaward Performance Period:**

10/01/2025 to 09/30/2026

**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*

**Address 2****City:**

*Santa Barbara*

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

**Grant Subaward Financial Officer**

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

**Grant Subaward Programmatic Point of Contact:**

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

**Grant Subaward Financial Point of Contact:**

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

**Chair of the Governing Body**

**\* Person:** Other  
**\* First Name:** Laura  
**\* Title:** Chair, Board of Supervisors  
**\* Phone:** (805) 568-2191  
**\* Address:** 105 E Anapamu Street  
**\* City:** Santa Barbara  
**\* Last Name:** Capps  
**\* Email:** lcapps@countyofsb.org  
**\* 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 **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- 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
<a href="#">Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf</a>	<input checked="" type="checkbox"/> *
<a href="#">Program Standard Assurance Addendum</a>	<input checked="" type="checkbox"/> *
<a href="#">Standard Certification of Compliance</a>	<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 \*

*Briefly describe the plan to provide all mandatory services outlined in the VW Supplemental Program Components and indicate any significant changes to your Program for the 2025-26 Grant Subaward performance period.*

*Mandatory Services per PC 13835 are provided to victims of crime, their family members and next of kin, who are referred to the program through countywide law enforcement agencies, various social services, and non-profit agencies. The advocates are assigned designated caseloads in accordance with their expertise and experience, with a primary focus on providing crisis intervention, case status, orientation to the criminal justice system, and court support to victims and next of kin. The advocates conduct an initial assessment to determine the services required based upon the needs of the clients. Advocates will provide field visits and/or transportation assistance to/from our offices. The DA VW program has a discretionary emergency fund which can be utilized for victim's immediate material needs. The program also relies upon social service agencies in the community that are available to provide food, housing, and clothing when needed. The Santa Barbara District Attorney's Office has had a Joint Powers contract with the State Victim Compensation Board and has worked with the program since 1987. The advocates assist victims with explanation of eligibility, application preparation and submission, and connect the victim with the claim's specialist directly regarding technical claim questions and concerns.*

*The District Attorney's Office Victim Witness Program has referral procedures with each of the county law enforcement agencies, including the California Highway Patrol, which enable advocates to provide early crisis intervention and referrals to victims of crime in a timely fashion even when an investigation or arrest is delayed. Victim Witness advocates respond during business hours to the Sexual Assault Response Team sites in Santa Barbara, Santa Maria and Lompoc, to provide crisis intervention and referrals, and emotional support services to children and their families who have been victims of child physical and sexual abuse. The Sexual Assault Response Team is comprised of members of local law enforcement, Public Health nurses, the District Attorney's Office, Child Abuse Listening and Mediation (CALM) child interview specialists, and Child Welfare Services social workers.*

*VW staff provide regular educational presentations to the community and law enforcement agencies regarding the scope of available services and provide targeted enhanced outreach during National Crime Victims' Rights Week.*

### Question 2 \*

*Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.*

*Optional Services: In addition to the mandatory services per PC 13835; Program Advocates provide employer intervention and creditor intervention upon request of the victim. Program Advocates assist victims with funeral/burial arrangements and referrals as needed in death related cases. Our program is fortunate to have a Joint Powers contract with the Victim Compensation Board and have close working relationships with local mortuaries and funeral homes which are referral sources for victims' families. We expedite funeral burial and transport services through an Emergency Revolving Fund contract with the Victim Compensation Program, and our office also has a Cal VCB revolving fund for emergency relocation services. In addition, our office has a working relationship with the Cal WRAP program for clients who qualify under their guidelines. Our Bureau of Investigations may be a partner when a victim requires witness protection, and our three offices have secure waiting rooms for victims and witnesses appearing for court, which include adjoining children's waiting rooms. As needed, advocates will provide transportation assistance, which can include financial assistance through a discretionary fund for public transportation.*

### Question 3 \*

*Provide a brief status update of the VW Center's crisis response and Mass Victimization (MV) Assistance plan for crime-related MV/terrorism incidents. Include after-hours contact information.*

*The Victim Witness Mass Victimization Assistance Plan is reviewed regularly for accuracy and includes best practices gathered from training and regional meetings with other VW MVAs. The plan is updated to reflect current staffing availability and needs, should activation be needed. Our team of VW and Investigations routinely collaborate, and proactively plan should an incident occur, specifically in terms of identifying potential physical locations for the Family Assistance Center (FAC) and scalability.*

*The assigned advocate attended the FEMA classes for disaster workers, with FEMA IS-700B and FEMA IS-100C completed. In addition, the advocate regularly attends the National Town Hall on Mass Violence and CCVAA MVA Roundtable. Regionally MVA's meet quarterly throughout the central coast region to discuss incident planning, and to maintain active relationships in the event mutual aid is needed. MVA regional meetings are helpful to know what others are doing to keep their plans active and alert us to capacity issues within our agencies that could impact responses if deployed.*

**Question 4 \***

*List information for all field offices in the county including address, telephone numbers, employees assigned to the office, and supervisor(s) contact information.*

*Multiple Field Offices: The Victim Witness Assistance Program maintains staff in three District Attorney Office locations representing the three distinct areas of the county.*

*The main office is located in Santa Barbara at:*

*1112 Santa Barbara Street*

*Santa Barbara, CA 93101*

*Phone (805) 568-2408*

*Program Director e-mail: mriker@countyofsb.org*

*After Hours Phone Number: (805) 729-1614*

*The Program Director: Megan Rheinschild is housed in Santa Barbara along with 6 Victim Witness program advocates who provide mandated and optional services to all victims of crime.*

*Program Manager: Yleana Velasco (805) 346-7592 Cell: (805) 720-2474 Oversees MV Program and HT Grant Programs.*

*Program Supervisor Santa Barbara: Tiffany Carty (805) 884-8077; Cell (805) 895-8530 tcarty@countyofsb.org*

*The other two offices are located in North County in Santa Maria and Lompoc.*

*The Santa Maria office consists of a Supervising Victim/Witness Advocate, Biannet Garcia, (805) 346-7543, Cell (805) 266-3947, and 6 Victim Witness program advocates who provide and coordinate services.*

*Santa Maria Branch Office*

*312-D East Cook Street*

*Santa Maria, CA 93454*

*Phone (805) 346-7529*

*The Lompoc office consists of two full-time program advocates under the direction of the Santa Maria Supervising Advocate.*

*Lompoc Branch Office*

*115 East Civic Center Plaza*

*Lompoc, CA 93436*

*(805) 737-7910*

**Question 5 \***

*This section is for additional space to answer Question 4.*

*N/A - see question 4*

**Question 6 \***

*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.*

Volunteers contact victims of assaults, theft, property crimes, and DUI crimes. Volunteers provide a range of services including, orientation to the criminal justice system, case status, victim of crime claim assistance, property return, and restitution assistance. Our volunteer pool provides valuable services to carefully selected victims allowing our program staff to keep pace with more serious misdemeanors and felony caseloads.

**Required Document #1**

*VOCA Match Waiver Request  
Document #1 Template*

*VOCA Match Waiver Request Form.pdf\**

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

# Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Santa Barbara Sheriff's Department</i>	07/03/2023	10/01/2023	09/30/2027
<i>Santa Maria Police Department</i>	06/30/2023	10/01/2023	09/30/2027
<i>Lompoc Police Department</i>	06/28/2023	10/01/2023	09/30/2027
<i>Santa Barbara Police Department</i>	06/29/2023	10/01/2023	09/30/2027
<i>Domestic Violence Solutions</i>	06/29/2023	10/01/2023	09/30/2027
<i>North County Rape Crisis and Child Protection Center</i>	06/28/2023	10/01/2023	09/30/2027
<i>STESA</i>	06/27/2023	10/01/2023	09/30/2027

# 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	\$295,541	\$0	\$295,541	\$295,541	\$0	\$0	\$295,541
2025 VOCA	2025	Federal	\$380,753	\$0	\$380,753	\$380,753	\$0	\$0	\$380,753
2025 VWA0	2025	State	\$63,851	\$0	\$63,851	\$63,851	\$0	\$0	\$63,851
			\$740,145	\$0	\$740,145	\$740,145	\$0	\$0	\$740,145

# 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**

*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 Manager

#### Description **\***

*Provides leadership, management, and administrative support to the VW Program. Manages the programmatic aspects of the program.*

FTE <b>*</b>	Full-Time Equivalent in Hours	<input checked="" type="checkbox"/> Salary		Hours of Full-Time Workweek <b>*</b>
		Salary Per Month <b>*</b>	Number of Months <b>*</b>	
0.1000	\$16,913.50	12.00		40.00
			%	<b>Salary Calculation Total</b>
	2,080			\$20,296

Does this position provide benefits? **\***

Yes

No

#### Benefits Percentage **\***

35.00 %

\$7,104

#### Benefits Description **\***

*Retirement, FICA, Medicare, Health Insurance*  
**Calculation Total (Includes Benefits if provided)**

\$27,400

## 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	\$13,700		\$0	\$13,700			Not Applicable
2025 VCGF	2025	State	\$13,700		\$0	\$13,700			
				\$27,400		\$0		\$0	\$0

# Personnel Budget Category Form

## Navigation Instructions:

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## Personnel Costs

### Budget/Project Line-Item **\***

VW Program Supervisor  
**Description \***

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

FTE *	Full-Time Equivalent in Hours	/X/Salary		Hours of Full-Time Workweek *
		Salary Per Month *	Number of Months *	
		\$9,395.00	12.00	40.00
0.2500	2,080			\$28,185
Does this position provide benefits? *				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Benefits Percentage \*

35.00 %

### Benefits Description \*

Retirement, FICA, Medicare, Health Insurance  
**Calculation Total (Includes Benefits if provided)**

\$38,050

## 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	\$19,025		\$0	\$19,025			Not Applicable
2025 VCGF	2025	State	\$19,025		\$0	\$19,025			
				\$38,050		\$0	\$0		\$0 \$38,050

# Personnel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
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- 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.

FTE <b>*</b>	Full-Time Equivalent in Hours	X Salary		Hours of Full-Time Workweek <b>*</b>
		Salary Per Month <b>*</b>	Number of Months <b>*</b>	
		\$8,148.14	12.00	40.00
3.9000	2,080			
Does this position provide benefits? <b>*</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Benefits Percentage <b>*</b>				
35.00 %				
Benefits Description <b>*</b>				

Retirement, FICA, Medicare, Health Insurance  
**Calculation Total (Includes Benefits if provided)**

\$514,800

## 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	\$257,949		\$0	\$257,949			Not Applicable
2025 VCGF	2025	State	\$193,000		\$0	\$193,000			
2025 VWA0	2025	State	\$63,851		\$0	\$63,851			
<b>\$514,800</b>				<b>\$0</b>			<b>\$0</b>	<b>\$0</b>	<b>\$514,800</b>

# Personnel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
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- 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 Mass Victimization Advocate  
**Description \***

Provides advocacy services. Implements a Crisis Response Plan and participates in a multi-disciplinary MV response as necessary.

FTE *	Full-Time Equivalent in Hours	/X/Salary		Hours of Full-Time Workweek *
		Salary Per Month *	Number of Months *	
		\$12,407.50	12.00	40.00
0.3000	2,080		%	Salary Calculation Total
				\$44,667
Does this position provide benefits? *				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Benefits Percentage *</b>				<b>Benefits Calculation</b>
35.00 %				\$15,633
<b>Benefits Description *</b>				

Retirement, FICA, Medicare, Health Insurance  
**Calculation Total (Includes Benefits if provided)**

\$60,300

## 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	\$30,150		\$0	\$30,150			Not Applicable
2025 VCGF	2025	State	\$30,150		\$0	\$30,150			
				\$60,300		\$0	\$0		\$0 \$60,300

# Travel 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.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

*Travel*  
**Budget/Project Line-Item \***

*Cal OES Approved Advocate Training (1 Staff)*  
**Description \***

*\*\*Training TBD*

*Lodging \$200 x 3 nights x 1 = \$600*

*Meals: \$88 x 4 days x 1 = \$352*

*Airfare: \$399 x 1 = \$399*

**In State**  
**Staff Traveling \* Travel Cost Per Staff \***

**Out of State**

**Calculation Total \***

1 \$1,351.00

\$1,351.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to 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	\$852		\$0	\$852			Not Applicable
2025 VCGF	2025	State	\$499		\$0	\$499			
				\$1,351		\$0			\$0 \$1,351

# Travel 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.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

*Travel*  
 **Budget/Project Line-Item \***

*Cal OES Entry/Advanced Training (1 Staff)*  
**Description \***

*\*\*Training TBD*

*Lodging \$200 x 3 nights x 1 = \$600*

*Meals: \$88 x 4 days x 1 = \$352*

*Airfare: \$400 x 1 = \$400*

*In State*

*Out of State*

**Staff Traveling \* Travel Cost Per Staff \***

1                   \$1,352.00

**Calculation Total \***

\$1,352.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to 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	\$500		\$0	\$500			Not Applicable
2025 VCGF	2025	State	\$852		\$0	\$852			
				\$1,352		\$0		\$0	\$1,352

# Travel 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.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

*Travel*  
**Budget/Project Line-Item \***

*Regional Trainings (1 Staff)*  
**Description \***

*\*Training TBD*

*Meals: \$88 x 4 days x 1 = \$352*

**In State**

**Out of State**

**Staff Traveling \* Travel Cost Per Staff \***

1                   \$352.00

**Calculation Total \***

\$352.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to 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	\$176		\$0	\$176			Not Applicable
2025 VCGF	2025	State	\$176		\$0	\$176			
				\$352		\$0	\$0	\$0	\$352

# 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 Supplies, Printing and Others.*

**Calculation Method**

*((Personal (\$640,550) + Operating (\$3,054) x 15% = \$96,540.60 rounded down to \$96,540*

**Calculation Total***\$96,540*

## 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	\$58,401			\$0	\$58,401	
2025 VCGF	2025	State	\$38,139			\$0	\$38,139	
			<b>\$96,540</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$96,540</b>	

# 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 \*

*Adopted Resolution and Delegation letter.pdf*

### 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:

Title:

Signature:

Date:



## **Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form**

Complete all sections of this form using the instructions below. This form must be uploaded in the Grants Central System as part of the Grant Subaward Application.

- 1. VOCA Fund Source #1:** Utilize the drop-down menu to select the VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.

**VOCA Victim Assistance Formula Grant Program Funds Awarded:** Enter the award allocation amount for the fund source identified as VOCA Fund Source #1.

**Amount of Match Proposed:** Enter the amount of match that your organization will provide for VOCA Fund Source #1.

- 2. VOCA Fund Source #2 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.

**VOCA Victim Assistance Formula Grant Program Funds Awarded:** Enter the award allocation amount for the fund source identified as VOCA Fund Source #2.

**Amount of Match Proposed:** Enter the amount of match that your organization will provide for VOCA Fund Source #2.

- 3. VOCA Fund Source #3 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.

**VOCA Victim Assistance Formula Grant Program Funds Awarded:** Enter the award allocation amount for the fund source identified as VOCA Fund Source #3.

**Amount of Match Proposed:** Enter the amount of match that your organization will provide for VOCA Fund Source #3.

- 4. Briefly summarize the services provided:** Provide a narrative response.

- 5. Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response.



## **Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form**

Cal OES Subrecipients may request a partial or full match waiver for Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program funds. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. VOCA Fund Source #1: 25VOCA   
VOCA Victim Assistance Formula Grant Program Funds Awarded: \$ 380,753  
Amount of Match Proposed: \$ 0
2. VOCA Fund Source #2 (if applicable): Select   
VOCA Victim Assistance Formula Grant Program Funds Awarded:  
Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable): Select   
VOCA Victim Assistance Formula Grant Program Funds Awarded:  
Amount of Match Proposed:
4. Briefly summarize the services provided:  
Advocates manage their time to provide telephone or in person contact to the more serious victims of crime. Mandatory and optional services are available to victims who are referred to the program through various social, medical, or (primarily) law enforcement agencies. Advocates also respond to the Sexual Assault Response Team and provide crisis intervention and support services for children and families who have been victims of sexual assault. Program staff regularly conduct field visits to those victims who may not have access to transportation and resources.
5. Describe practical/logistical obstacles and/or local resource constraints to providing match.  
The District Attorney's Office would like to request a match waiver due to the financial impact upon the department budget in an extraordinarily difficult financial environment. The County of Santa Barbara is facing multiple budgetary challenges including operating costs outpacing revenues, reductions in state and federal funding, and rising salary and benefit costs. We respectfully request a waiver of the match requirement to mitigate additional impacts on our departmental budget, and this much needed program. We are not using volunteers for our in-kind match waiver because volunteer recruitment and retention has been unreliable. Volunteer hours are sporadic and cannot be relied upon for a stable in-kind match. The VOCA match requirements create a financial burden upon the Victim/Witness Assistance Program that hinders our ability to provide critical victim services. Failure to meet this requirement puts our program and its valuable services to victims at risk.