

# Application Information Form

**Program:***Child Advocacy Center - KC25***Grant Subaward Performance Period:***04/01/2026*

to

*03/31/2027***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 **\***.
- 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 \*.
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## 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 (CFI) 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 private and child-friendly, with toys for children and an interview room designed to feel like a cozy living area. Each of the sites is decorated and furnished with close attention to design, lighting 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 forensic interviewer who conducts CFI's as needed and provides monthly peer review for the county-wide CFI team. 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 wraparound services through the various countywide agency partners, such as rape crisis centers and mental health services. The SART Coordinator also provides bi-monthly case review meetings and regular training, education, quality assurance, and direct feedback for all SART 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 occur after hours, depending upon case circumstances and the need for immediacy. The requested funds will also be used to support a portion of the costs of the 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, wraparound 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 formed the Santa Barbara SART Program in 1988. The program has since evolved into a dedicated multidisciplinary team of 19 agencies, including law enforcement, the District Attorney's office, local hospitals, Public Health, Child Welfare Services, rape crisis centers, Vandenberg Space Force Base, local and federal incarceration centers, UC Santa Barbara, and non-profit providers. The SART Program provides services to all incorporated cities and unincorporated areas within the county.

The SART Program coordinates and provides trauma-informed expert child forensic interviewers (CFI) at the request of law enforcement and Child Welfare Services. The forensic interview is an evidence-based process in which an alleged victim is questioned in a developmentally appropriate, non-aggressive, non-suggestive, and legally defensible manner. Santa Barbara SART uses the widely adopted 10-step interview developed by Tom Lyon, PhD. All of CALM's CFI must complete an initial 32 hours of training, the California Child Forensic Interview Training (CFIT) provided by the Northern and Southern California Child Abuse Training and Technical Assistance (CATTA) centers. Upon completion, interviewers train on-site with seasoned interviewers until they achieve competency according to our county standards. Additionally, CALM's CFI have an educational and training background in psychology, child development, and/or social work. The Victim Witness Program Advocate, designated to provide resources under the KC grant before/during/after child interviews, is bilingual and has completed the State CCVAA Advocate training.

**Question 5 \***

Indicate how the CAC ensures forensic interviews are conducted in a forensically sound manner. Explain how the CAC adheres to the requirements listed in California Penal Code §11166.4. regarding child forensic interview recordings. Santa Barbara County SART only provides recordings of CFI to the investigative law enforcement agency or in response to a court order per the requirements of PC §11166.4. and SB 603. To ensure the privacy of victims and confidentiality of these recordings, the Santa Barbara District Attorney's Office has created a specific protection order to use when discovering CFI recordings. CALM's forensic interviewers use recorded videos for peer review and training on-site; however, no copies are allowed to be made and/or removed from the CAC.

**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 provide 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 bi-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 Victim Witness Advocate utilize an integrated case management system and intake forms that include 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 and for relaying pertinent information back to their specific organization.

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 the coalition and/or specific cases and provide a comprehensive, coordinated response
- Address procedural issues that might impact any open or future cases
- Enhance the team's decision-making process and communication; increase skills and knowledge base; strengthen the SART Coalition
- Provide in-service training

**Question 7 \***

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, including, but not limited to, in-services, professional training, and conferences. Recognizing the transportation obstacles in our rural county for many of our victims and families, SART maintains three sites and partners with service providers located throughout the county. The Victim Witness Assistance Program contracts with a local non-profit agency, MICOP, which 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 predominantly Spanish speaking. Out of the seven CALM forensic interviewers, five are bilingual. When needed, the KC Program utilizes "Language-Line" an organization of on-demand professional interpreters in 240-plus languages via mobile or video access.

**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 KC Program does not have available volunteers who 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\_CACC\_2025 Certificate.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?	<i>&gt;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>&gt;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
CALM - Child Abuse Listening and Mediation	08/24/2022	04/01/2022	03/31/2027

# 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	\$87,400	\$0	<b>\$87,400</b>	\$87,400	\$0	\$0	<b>\$87,400</b>
2025 VOCA	2025	Federal	\$112,600	\$0	<b>\$112,600</b>	\$112,600	\$0	\$0	<b>\$112,600</b>
			<b>\$200,000</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>

# 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

*KC25032801 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 \*

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

[X]Salary

	Salary Per Month *	Number of Months *	Hours of Full-Time Workweek *
	\$8,078.30	12.00	40.00
FTE *	Full-Time Equivalent in Hours		Salary Calculation Total
0.0840	2,080	%	\$8,143
Does this position provide benefits? *		Benefits Calculation	[X]Yes [ ]No
Benefits Percentage *			
40.00 %		\$3,257	
Benefits Description *			
Benefits include retirement, FICA, Medicare, and health insurance			
Calculation Total (Includes Benefits if provided)			
\$11,400			

## 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 VCGF	2025	State		\$5,700				\$0	\$5,700				
2025 VOCA	2025	Federal		\$5,700				\$0	\$5,700			Not Applicable	
						\$11,400				\$0	\$0	\$0	\$11,400

# 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 **\***

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

	Salary Per Month <b>*</b>	Number of Months <b>*</b>	Hours of Full-Time Workweek <b>*</b>
	\$9,419.72	12.00	40.00
FTE <b>*</b>	Full-Time Equivalent in Hours		Salary Calculation Total
1.0000	2,080	%	\$113,037
Does this position provide benefits? <b>*</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Benefits Percentage <b>*</b>	Benefits Calculation		
35.00 %	\$39,563		
Benefits Description <b>*</b>			

Benefits include retirement, FICA, Medicare, and health insurance  
Calculation Total (Includes Benefits if provided)

\$152,600

## 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 VCGF	2025	State		\$63,700				\$0	\$63,700				
2025 VOCA	2025	Federal		\$88,900				\$0	\$88,900			Not Applicable	
						\$152,600				\$0		\$0	\$152,600

# 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
2025 VCGF	2025	State	\$18,000			\$0	\$18,000	
2025 VOCA	2025	Federal	\$18,000			\$0	\$18,000	
			\$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.

### Upload Proof of Authority/Governing Body Resolution \*

### Standard Certification of Compliance \*

[X] 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 \*

[X] 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 \*

[X] 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 \*

[X] 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:



# CERTIFICATE

OF MEMBERSHIP

*proudly presented to*

**Santa Barbara County SART**

*of*

**Santa Barbara County**

*certifying active membership with the  
Children's Advocacy Centers of California  
for the year 2025*



a program of  CALICO

HOLLY FLEMING  
Program Director



## 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: \$ 112,600  
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:  
The KC Program provides victims of child abuse with an age-appropriate forensic interview in a family-friendly location, and ongoing victim services for the child and family unit. In Santa Barbara County, approximately 180 cases of suspected child sexual abuse or assault are referred to the SART Program for a forensic interview and services per year. Funds cover the services of SART Coordinator and Advocate, as well as expert forensic interviewers and supplemental post-interview therapeutic services.
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 have been unreliable. Volunteer hours are sporadic and cannot be relied upon for a stable in-kind match. The VOCA match requirements create a burden upon the Child Advocacy Program that hinders our ability to provide critical victim services, including but not limited to, crisis intervention, and emergency assistance. Failure to meet this requirement puts our program and its valuable services to victims at risk.