

## Application Information Form

**Program:***Victim/Witness Assistance - VW24***Grant Subaward Performance Period:***10/01/2024 to 09/30/2025***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**

<b>First Name:</b>	John	<b>Last Name:</b>	Savmoch		
<b>Title:</b>	District Attorney	<b>Email:</b>	jsavmoch@countyofsb.org		
<b>Phone:</b>	(805) 568-2304	<b>State:</b>	California	<b>Zip Code:</b>	93101-2008
<b>Address:</b>	1112 Santa Barbara Street				
<b>City:</b>	Santa Barbara				

**Financial Officer**

<b>Name:</b>	Michael	<b>Last Name:</b>	Soderman		
<b>Title:</b>	Chief Financial Officer	<b>Email:</b>	mdsoderman@countyofsb.org		
<b>Phone:</b>	(805) 568-2304	<b>State:</b>	California	<b>Zip Code:</b>	93101-2008
<b>Address:</b>	1112 Santa Barbara Street				
<b>City:</b>	Santa Barbara				

**Programmatic Point of Contact:**

<b>Name:</b>	Megan	<b>Last Name:</b>	Rheinschild		
<b>Title:</b>	Victim Witness Program Director	<b>Email:</b>	mriker@countyofsb.org		
<b>Phone:</b>	(805) 568-2304	<b>State:</b>	California	<b>Zip Code:</b>	93101-2008
<b>Address:</b>	1112 Santa Barbara Street				
<b>City:</b>	Santa Barbara				

**Financial Point of Contact:**

<b>Name:</b>	Michael	<b>Last Name:</b>	Soderman		
<b>Title:</b>	Chief Financial Officer	<b>Email:</b>	mdsoderman@countyofsb.org		
<b>Phone:</b>	(805) 568-2304	<b>State:</b>	California	<b>Zip Code:</b>	93101-2008
<b>Address:</b>	1112 Santa Barbara Street				
<b>City:</b>	Santa Barbara				

**Chair of the Governing Body**

<b>Name:</b>	Steve	<b>Last Name:</b>	Lavagnino		
<b>Title:</b>	Chair, Board of Supervisors	<b>Email:</b>	steve.lavagnino@countyofsb.org		
<b>Phone:</b>	(805) 346-8400	<b>State:</b>	California	<b>Zip Code:</b>	93455-1310
<b>Address:</b>	511 Lakeside Pkwy, Suite 141				
<b>City:</b>	Santa Maria				

**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
<a href="#">Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</a>	*
<a href="#">Program Standard Assurance Addendum</a>	*
<a href="#">Standard Certification of Compliance</a>	*

Subrecipients expending \$1,000,000 or more in federal finds 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

## 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 2024-25 Grant Subaward performance period.

Mandatory and optional services per PC 13835 are provided to victims of crime, their family members and next of kin who are referred to the program through various social service, non-profit, medical or law enforcement agencies. The advocates are assigned specific caseloads in accordance with their expertise, with a primary focus on providing crisis intervention, case status, orientation to the criminal justice system, and court support. The advocates conduct an assessment to determine the extent of the mandatory and optional services based upon the needs of the clients. Advocates will provide field visits and/or transportation assistance to/from our offices.

Victim Witness Assistance Program referrals come from a variety of sources. Our primary source is law enforcement. 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 contact reported victims of crime and provide comprehensive mandatory and optional services in a timely fashion. The Detective Divisions of each of the local law enforcement agencies routinely contact Victim Witness Advocates directly to provide services prior to a completed investigation or a filing consideration. Victim Witness Advocates respond during business hours to the Sexual Assault Response Team Cottages in Santa Barbara, Santa Maria and Lompoc, to provide crisis intervention and support services to children and their families who have been victims of sexual assault. The Sexual Assault Response Team is comprised of members of local law enforcement, Public Health nurses, the District Attorney's Office, CALM child interview specialists, and Child Welfare Services social workers.

### Question 2

This section is for additional space to answer Question 1.

See Question 1

### Question 3

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 also provide employer intervention and creditor intervention upon request of the victim. Program Advocates also assist victims with funeral/burial arrangements and referrals as needed. Our Bureau of Investigation may be a partner when a victim requires witness protection, and our office has a working relationship with the Cal WRAP program for clients who qualify under their guidelines. 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 for public transportation.

### Question 4

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 quarterly for accuracy and updated with best practices gathered from trainings and discussions with other VW MVA's by the assigned advocate. The plan is updated to reflect current staffing availability and needs, should activation of the plan be needed. Our team of VW and Investigations routinely discuss upcoming, large community events, and proactively plan ahead of time should an incident occur, specifically in terms of identifying a physical location for the Family Assistance Center (FAC) and scalability.

The assigned advocate is working on completing 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 staff trained and alerts us to capacity issues within our departments that could impact responses if deployed.

### Question 5

Describe how volunteers are used to support the Program. If volunteers are not used, email a completed Volunteer Waiver Request to your Grants Analyst for approval and upload the approved copy to your VW24 Application.

Volunteers contact victims of some 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 misdemeanor and felony caseloads.

### Question 6

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 based in Santa Barbara along with 5 Victim Witness program advocates who provide mandated and optional services to all victims of crime.

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

Santa Maria Office  
312-D East Cook Street  
Santa Maria, CA 93454  
Phone (805) 346-7529

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.

Lompoc Office  
115 East Civic Center Plaza  
Lompoc, CA 93436  
(805) 737-7910

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

**Question 7**

*This section is for additional space to answer Question 6.*

*See Question 6*

## 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?	\$2,900,000
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

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

## Funding Source Allocation

## 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	\$295,307	\$0	\$295,307	\$295,307	\$0	\$0	\$295,307
2024 VOCA	2024	Federal	\$350,122	\$0	\$350,122	\$350,122	\$0	\$0	\$350,122
2024 VWA0	2024	State	\$64,696	\$0	\$64,696	\$64,696	\$0	\$0	\$64,696
			<b>\$710,125</b>	<b>\$0</b>	<b>\$710,125</b>	<b>\$710,125</b>	<b>\$0</b>	<b>\$0</b>	<b>\$710,125</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

*VW24 Santa Barbara Match Waiver approval.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**

	<b>Salary Per Month *</b>	<input checked="" type="checkbox"/> <b>Salary</b>	<b>Number of Months *</b>		<b>Hours of Full-Time Workweek *</b>
	\$37,956.80		12.00		40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>			<b>Salary Calculation Total</b>	
.7500	2,080		%	\$341,611	
Does this position provide benefits? *				<input checked="" type="checkbox"/> Yes	No
<b>Benefits Percentage *</b>				<b>Benefits Calculation</b>	
35.00 %				\$119,564	

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

\$461,175

## 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	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$230,000	\$	\$0	\$230,000	\$		Not Applicable
2024 VCGF	2024	State	\$230,000	\$	\$0	\$230,000	\$		
2024 VWA0	2024	State	\$1,175	\$	\$0	\$1,175	\$		
				<b>\$461,175</b>		<b>\$0</b>		<b>\$0</b>	<b>\$461,175</b>

# Personnel Budget Category Form

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## 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.

**Hourly**

	<b>Salary Per Month *</b>	<b>Number of Months *</b>	<b>Hours of Full-Time Workweek *</b>
	\$15,802.20	12.00	40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>	<b>Salary Calculation Total</b>	
.1000	2,080	\$18,963	
Does this position provide benefits? *		<input checked="" type="checkbox"/> Yes	No
<b>Benefits Percentage *</b>		<b>Benefits Calculation</b>	
35.00 %		\$6,637	
<b>Benefits Description *</b>			
Retirement, FICA, Medicare, Health Insurance			
<b>Calculation Total (Includes Benefits if provided)</b>			
\$25,600			

## 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	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$10,000	\$	\$0	\$10,000	\$		Not Applicable
2024 VWA0	2024	State	\$5,600	\$	\$0	\$5,600	\$		
2024 VCGF	2024	State	\$10,000	\$	\$0	\$10,000	\$		
<b>\$25,600</b>						<b>\$0</b>		<b>\$0</b>	<b>\$25,600</b>

# Personnel Budget Category Form

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## 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.

**Hourly**

	<b>Salary Per Month *</b>	<b>Number of Months *</b>		<b>Hours of Full-Time Workweek *</b>
	\$10,808.64	12.00		40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>		<b>Salary Calculation Total</b>	
.6800	2,080		\$88,199	
Does this position provide benefits? *		%	<input checked="" type="checkbox"/> Yes	No
<b>Benefits Percentage *</b>		<b>Benefits Calculation</b>		
35.00 %		\$30,869		
<b>Benefits Description *</b>				
Retirement, FICA, Medicare, Health Insurance				
<b>Calculation Total (Includes Benefits if provided)</b>				
\$119,068				

## 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	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$57,565	\$	\$0	\$57,565	\$		<i>Not Applicable</i>
2024 VWA0	2024	State	\$53,196	\$	\$0	\$53,196	\$		
2024 VCGF	2024	State	\$8,307	\$	\$0	\$8,307	\$		
				\$119,068		\$0	\$0	\$0	\$119,068

# Personnel Budget Category Form

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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.*

**Hourly**

	<b>Salary Per Month *</b>	<b>Number of Months *</b>	<b>Hours of Full-Time Workweek *</b>
	\$8,574.00	12.00	40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>		<b>Salary Calculation Total</b>
.2500	2,080	%	\$25,722
Does this position provide benefits? *			<input checked="" type="checkbox"/> Yes      No
<b>Benefits Percentage *</b>		<b>Benefits Calculation</b>	
35.00 %		\$9,003	
<b>Benefits Description *</b>			
<i>Retirement, FICA, Medicare, Health Insurance</i>			
<b>Calculation Total (Includes Benefits if provided)</b>			
\$34,725			

## 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	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$15,000	\$	\$0	\$15,000	\$		<i>Not Applicable</i>
2024 VCGF	2024	State	\$15,000	\$	\$0	\$15,000	\$		
2024 VWAO	2024	State	\$4,725	\$	\$0	\$4,725	\$		
<b>\$34,725</b>						<b>\$0</b>		<b>\$0</b>	<b>\$0</b>
								<b>\$0</b>	<b>\$34,725</b>

## Travel Budget Category Form

**Travel Cost Type**

Travel

**Budget/Project Line-Item**

Cal OES Approved Advocate Training (1 Staff)

**Description**

Lodging: \$107 x 4 days x 1 = \$428

Meals: \$59 x 4 days x 1 = \$236

Airfare: \$429 x 1 = \$429

Transportation: \$65 x 1 = \$65

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

\$

**Calculation Total**

\$1,158.00

## 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	\$1,158	\$	\$	\$0	\$1,158	\$
			<b>\$1,158</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,158</b>	

## Travel Budget Category Form

**Travel Cost Type**

Travel

**Budget/Project Line-Item**

Cal OES Entry/Advanced Training (2 Staff)

**Description**

Lodging x 2 staff x 5 nights @ \$107 = \$1,070

Meals: \$59/day x 5 x 2 staff = \$590

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

\$

**Calculation Total**

\$1,660.00

## 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	\$1,660	\$	\$	\$0	\$1,660	\$
			<b>\$1,660</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,660</b>	

# Travel Budget Category Form

**Travel Cost Type**

*Mileage Costs*

**Budget/Project Line-Item**

*Cal OES Entry/Advanced Training (2 Staff)*

**Description**

*Mileage: \$0.67/mile x 190 miles RT = \$127*

**In State**

**Out of State**

**Number of Miles**

**Mileage Rate**  
\$

**Calculation Total**

\$127.30

## 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	\$127	\$	\$	\$0	\$127	\$
			\$127	\$0	\$0	\$0	\$127	



# Travel Budget Category Form

**Travel Cost Type**

*Mileage Costs*

**Budget/Project Line-Item**

*Regional Trainings (2 Staff)*

**Description**

*Mileage: 380 miles x \$0.67/mile = \$255*

**In State**

**Out of State**

**Number of Miles**

**Mileage Rate**  
\$

**Calculation Total**

\$254.60

## 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	\$255	\$	\$	\$0	\$255	\$
			<b>\$255</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$255</b>	

## Travel Budget Category Form

**Travel Cost Type**

Travel

**Budget/Project Line-Item**

Regional Trainings (2 Staff)

**Description**

Lodging x 2 staff x 2 Trainings @ \$107/night = \$428

Meals: \$59 x 2 days x 2 staff x 2 Trainings = \$472

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

\$

**Calculation Total**

\$900.00

## 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	\$900	\$	\$	\$0	\$900	\$
			<b>\$900</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$900</b>	

## Indirect Budget Category Form

## Indirect Costs

## Budget/Project Line-Item

MTDC @ 10% De Minimis

## Indirect Cost Rate

## Description/Justification

10% Used for Overhead Costs, Administrative Salary, Utilities, IT Software, Office Supplies, Printing and Others.

## Calculation Method

((Personal (\$640,568) + Operating (\$5,000) x 10% = \$64,557

## Calculation Total

\$64,557

## 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	\$32,557	\$	\$	\$0	\$32,557	\$
2024 VCGF	2024	State	\$32,000	\$	\$	\$0	\$32,000	\$
			<b>\$64,557</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,557</b>	

## Other Operating 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.

## Other Operating Costs

## Budget/Project Line-Item

Training

## Description/Justification

Cal OES Approved Advocate Training (1 Staff) - Registration

## Calculation Description

Registration: \$300 x 1 = \$300

## 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	\$300	\$	\$	\$0	\$300	\$
			<b>\$300</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300</b>	

## Other Operating 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.

## Other Operating Costs

## Budget/Project Line-Item

Training

## Description/Justification

Cal OES Entry/Advanced Training (2 Staff) - Registration

## Calculation Description

Registration:  $\$300 \times 2 = \$600$ 

## 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	\$600	\$	\$	\$0	\$600	\$
			\$600	\$0	\$0	\$0	\$600	

# Application Signatures Form

## Assurances/Signatures

### Proof of Authority \*

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.

### Authorized Agent

Name:

Signature:

Title:

Date: