



September 23, 2022

Joyce Dudley, District Attorney  
Santa Barbara County  
1112 Santa Barbara Street  
Santa Barbara, CA 93101-2008

Subject:           **Notification of Grant Subaward Application Approval**  
Victim/Witness Assistance Program  
Grant Subaward #: VW22 41 0420

Dear Joyce Dudley:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$751,614, subject to Budget approval. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant Subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on the Cal OES website at [www.caloes.ca.gov](http://www.caloes.ca.gov).

Any funds received in excess of current needs, approved amounts, or those funds owed as a result of a close-out or audit, must be refunded to Cal OES within 30 days upon receipt of an invoice.

Please contact your Program Specialist, Tosha Enos, at (916) 845-8139 with questions about this notice.

VS Grants Processing Unit

cc: Subrecipient's file  
Program Specialist

Cal OES #	083-00000-16	FIPS #	083-00000	VS#		Subaward #	VW22 41 0420
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**  
**GRANT SUBAWARD FACE SHEET**

MR

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:


- 1. **Subrecipient:** Santa Barbara County 1a. DUNS#: ~~101851219~~ DYLNNV6VBPR7 TE
- 2. **Implementing Agency:** Santa Barbara County Office of the District Attorney 2a. DUNS#: ~~101851219~~ DYLNNV6VBPR7 TE
- 3. **Implementing Agency Address:** 1112 Santa Barbara Street Santa Barbara 93101-2008  
(Street) (City) (Zip+4)
- 4. **Location of Project:** Santa Barbara Santa Barbara 93101-2008  
(City) (County) (Zip+4)
- 5. **Disaster/Program Title:** Victim Witness Assistance Program 6. **Performance Period:** 10/1/2022 to 9/30/2023  
(Start Date) (End Date)
- 7. **Indirect Cost Rate:** 10% de minimis **Federally Approved ICR** (if applicable): \_\_\_\_\_ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2020	VOCA		\$495,000					\$495,000
9.	2022	VOCA		\$189,544					\$189,544
10.	2022	VWA0	\$67,070						\$67,070
11.	Select	Select							
12.	Select	Select							
<b>Total Project Cost</b>			\$67,070	\$684,544	\$751,614				\$751,614

**13. Certification** - 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.

**14. CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. 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.

**15. Official Authorized to Sign for Subrecipient:**

Name: Joyce E. Dudley Title: District Attorney  
Payment Mailing Address: 1112 Santa Barbara Street City: Santa Barbara Zip Code+4: 93101-2008  
Signature:  Date: 7/18/2022

16. **Federal Employer ID Number:** 956002833

**(FOR Cal OES USE ONLY)**

I hereby certify, on my personal knowledge that budgeted funds are available for the period of \_\_\_\_\_ of this expenditure stated above.

Mary Rucker 9/22/2022  
(Cal OES Fiscal Officer) (Date)

Heather Carlson 9/22/2022  
(Cal OES Director or Designee) (Date)

ENY: 2022-23 Chapter: 43 SL: 18400  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: 2020-V2-GX-0031 10/01/19-09/30/24  
Fund: Federal Trust AL#: 16.575  
Program: Victim/Witness Assistance Program  
Match Req.: 20%, C/IK based on TPC-Match Waived  
Project ID: OES20VOCA000012  
SC: 2022-18400 Amount: \$ 495,000

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JH

DS  
DS

**RECEIVED**  
By Tosha Enos at 11:18 am, Jul 25, 2022

**Mail Log # 759779**

ENY: 2022-23 Chapter: 43 SL: 18402  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: TBD 10/01/21-09/30/25  
Fund: Federal Trust AL#: 16.575  
Program: Victim/Witness Assistance Program  
Match Req.: 20%, C/IK based on TPC-Match Waived  
Project ID: OES22VOCA000012  
SC: 2022-18402 Amount: \$ 189,544

ENY: 2022-23 Chapter: 43 SL: 14300  
Item: 0690-101-0903 Pgm: 0385  
Fund: State Penalty Fund  
Program: Victim/Witness Assistance Program  
Match Req.: None  
Project ID: OES22VWA0000000  
SC: 2022-14300 Amount: \$ 67,070

## **SPECIAL CONDITION**

Grant Subaward No. VW22 41 0420 is hereby approved with the following conditions:

- The 2022 VOCA funds in the amount of \$189,544 cannot be expended until Cal OES has access to funds through the applicable 2022 VOCA Federal award.

Should the Federal award(s) be reduced, you will be notified and required to amend the Grant Subaward.

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the Grant Subaward and/or the denial of future grant funds.

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
SUPPLEMENTAL GRANT SUBAWARD INFORMATION**

**1. Cal OES Contact Information Section:**

Governor's Office of Emergency Services  
Mark S. Ghilarducci, Director  
3650 Schriever Avenue  
Mather, CA 95655  
(916) 845-8506 (phone)

**2. Federal Awarding Agency Section:**

<b>Fund Year</b>	<b>Federal Program Fund / AL#</b>	<b>Federal Awarding Agency</b>	<b>Total Federal Award Amount</b>	<b>Total Local Assistance Amount</b>
2020	Victims of Crime Act (VOCA) / 16.575	Office for Victims of Crime	\$195,905,619	\$188,069,394
2022	Victims of Crime Act (VOCA) / 16.575	Office for Victims of Crime	\$120,361,953	\$115,547,475
Choose an item.	Choose an item.			
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$

**3. Project Description Section:**

- Project Acronym (Please choose from drop down):  
Victim/Witness Assistance Program (VW)
- Project Description (Please type the Project Description):

The purpose of the VW Program is to maintain Victim Witness Assistance Centers (Centers), in each of California's 58 counties, to provide comprehensive services to victims and witnesses of all types of violent crime, pursuant to California Penal Code §13835.

**4. Research & Development Section:**

- Is this Subaward a Research & Development grant?  
Yes  No





## Grant Subaward Contact Information

Grant Subaward #: VW22 41 0420

Subrecipient: Santa Barbara County

1. **Grant Subaward Director:**

Name: Joyce Dudley Title: District Attorney

Telephone #: (805) 568-2306 Email Address: jdudley@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

2. **Financial Officer:**

Name: Michael Soderman Title: Chief Financial Officer

Telephone #: (805) 568-2303 Email Address: mdsoderman@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

3. **Programmatic Point of Contact:**

Name: Megan Rheinschild Title: Victim Witness Program Director

Telephone #: (805) 568-2408 Email Address: mriker@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

4. **Financial Point of Contact:**

Name: Michael Soderman Title: Chief Financial Officer

Telephone #: (805) 568-2303 Email Address: mdsoderman@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

5. **Executive Director** of a Non-Governmental Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Joyce Dudley Title: District Attorney

Telephone #: (805) 568-2306 Email Address: jdudley@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

6. **Official Designee**, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: Joyce Dudley Title: District Attorney

Telephone #: (805) 568-2306 Email Address: jdudley@countyofsb.org

Address/City/ Zip Code (9-digit): 1112 Santa Barbara Street, Santa Barbara, CA 93101-2008

7. **Chair** of the **Governing Body** of the Subrecipient:

Name: Bob Nelson Title: Chair, Board of Supervisors

Telephone #: (805) 346-8407 Email Address: bob.nelson@countyofsb.org

Address/City/ Zip Code (9-digit): 105 East Anapamu, Santa Barbara, CA 93101-2074



### Grant Subaward Signature Authorization

Grant Subaward #: VW22 41 0420

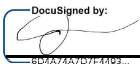
Subrecipient: Santa Barbara County

Implementing Agency: Santa Barbara County Office of the District Attorney

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

**Grant Subaward Director:**


Printed Name: Joyce Dudley

Signature: 

Date: 7/18/2022

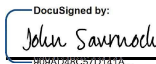
**Financial Officer:**

Printed Name: Michael Soderman

Signature: 

Date: 7/18/2022

The following persons are authorized to sign for the **Grant Subaward Director:**

Signature: 

Printed Name: John Savrnoch

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

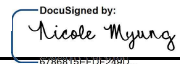
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

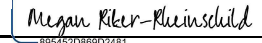
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

The following persons are authorized to sign for the **Financial Officer:**

Signature: 

Printed Name: Nicole Myung

Signature: 

Printed Name: Megan Rheinschild

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## Grant Subaward Certification of Assurance of Compliance

Subrecipient: Santa Barbara County

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1	Victim Witness	VW22 41 0420	10/1/22-9/30/23
2	Human Trafficking	HA22 05 0420	1/1/22-12/31/22
3	Elder Abuse	XE22 05 0420	1/1/22-12/31/22
4	Child Advocacy Center Program <del>KC</del>	KC22 01 0420	4/1/22-3/31/23
5	Unserved/Underserved Victim Advocacy and Outreach Program	UV22 01 0420	1/1/22-12/31/22
6	County Victim Services Program <del>XC</del>	XC22 05 0420	1/1/22-12/31/22

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I, Joyce E. Dudley (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby certify that the above Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

### I. Proof of Authority – SRH 1.055

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

### II. Civil Rights Compliance – SRH Section 2.020

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

### III. Equal Employment Opportunity – SRH Section 2.025

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.





**IV. Drug-Free Workplace Act of 1990 – SRH Section 2.030**

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

**V. California Environmental Quality Act (CEQA) – SRH Section 2.035**

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

**VI. Lobbying – SRH Sections 2.040 and 4.105**

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

**All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.**

<b>CERTIFICATION</b>	
<p>I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.</p>	
Official Designee's Signature:	
Official Designee's Typed Name:	Joyce E. Dudley
Official Designee's Title:	District Attorney
Date Executed:	8/17/2022
<b>AUTHORIZED BY:</b>	
<p>I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.</p>	
<input type="checkbox"/> City Financial Officer	<input type="checkbox"/> County Financial Officer
<input type="checkbox"/> City Manager	<input type="checkbox"/> County Manager
<input checked="" type="checkbox"/> Governing Board Chair	
Signature:	
Typed Name:	Joan Hartmann
Title:	Chair, Board of Supervisors
Date Executed:	8-30-22



## Federal Fund Grant Subaward Assurances Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program

Subrecipient: Santa Barbara County

	Cal OES Program Name	Grant Subaward #	Grant Subaward Performance Period	
1.	Victim Witness	VW22 41 0420	10/1/22-9/30/23	
2.	Human Trafficking	HA22 05 0420	1/1/22-12/31/22	
3.	Elder Abuse	XE22 05 0420	1/1/22-12/31/22	
4.	Child Advocacy Center Program <del>KC</del>	KC22 01 0420	4/1/22-3/31/23	M R
5.	Unserved/Underserved Victim Advocacy and Outreach Program <del>UV</del>	UV22 01 0420	1/1/22-12/31/22	M R
6.	County Victim Services Program <del>XC</del>	XC22 05 0420	1/1/22-12/31/22	M R

Subrecipients agree to adhere to the following and ensure these assurances are passed down to Second-Tier Subrecipients.

### 1. Required Audits and Financial Statements (SRH Section 14.005)

Subrecipients expending \$750,000 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 \$750,000 or more in federal funds annually.
- Subrecipient does not expend \$750,000 or more in federal funds annually.

### 2. Applicability of Part 200 Uniform Requirements

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by the DOJ in 2 C.F.R. Part 2800 (together, the "Part 200 Uniform Requirements") apply to this Grant Subaward.

For more information and resources on the Part 200 Uniform Requirements as they relate, see the OJP website at <https://ojp.gov/funding/Part200UniformRequirements.htm>.

### **3. Requirement to Report Actual or Imminent Breach of Personally Identifiable Information**

Subrecipients (and any Second-Tier Subrecipients) must have written procedures in place to respond in the event of an actual or imminent "breach" (OMB M-17-12) if they:

- Create, collect, use, process, store, maintain, disseminate, disclose, or dispose of "Personally Identifiable Information (PII)" (2 CFR 200.1) within the scope of an OJP grant-funded program or activity, or
- Use or operate a "Federal information system" (OMB Circular A-130).

Subrecipients (and any Second-Tier Subrecipients) must have breach procedures that must include a requirement to report actual or imminent breach of PII to Cal OES no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

### **4. Compliance with DOJ Regulations Pertaining to Civil Rights and Nondiscrimination - 28 C.F.R. Part 38**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements of 28 C.F.R. Part 38 (as may be applicable from time to time), specifically including any applicable requirements regarding written notice to program beneficiaries and prospective program beneficiaries.

Currently, among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief, or refusal to attend or participate in a religious practice. Part 38, currently, also sets out rules and requirements that pertain to Subrecipient organizations (and any Second-Tier Subrecipient organizations) that engage in or conduct explicitly religious activities, as well as rules and requirements that pertain to Subrecipients (and any Second-Tier Subrecipients) that are faith-based or religious organizations.

The text of 28 C.F.R. Part 38 is available via the Electronic Code of Federal Regulations (currently accessible at <https://www.ecfr.gov/cgi-bin/ECFR?page=browse>), by browsing to Title 28-Judicial Administration, Chapter 1, Part 38, under e-CFR "current" data.

### **5. Compliance with DOJ Regulations Pertaining to Civil Rights and Nondiscrimination - 28 C.F.R. Part 42**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity

program.

**6. Compliance with DOJ Regulations Pertaining to Civil Rights and Nondiscrimination - 28 C.F.R. Part 54**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements of 28 C.F.R. Part 54, that relate to nondiscrimination on the basis of sex in certain "educational programs."

**7. Compliance with 41 U.S.C. 4712 (including prohibitions on reprisal; notice to employees)**

Subrecipients (and any Second-Tier Subrecipients) must comply with, and are subject to, all applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

Subrecipients (and any Second-Tier Subrecipients) also must inform their employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

**8. Compliance with Applicable Rules Regarding Approval, Planning, and Reporting of Conferences, Meetings, Trainings, and Other Events**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable laws, regulations, policies, and official DOJ guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (as that term is defined by DOJ), including the provision of food and/or beverages at such conferences, and costs of attendance at such conferences.

Information on the pertinent DOJ definition of conferences and the rules applicable to this Grant Subaward appears in the DOJ Grants Financial Guide (currently, as section 3.10 of "Postaward Requirements" in the "DOJ Grants Financial Guide").

**9. Requirement for Data on Performance and Effectiveness under the Grant Subaward**

Subrecipients (and any Second-Tier Subrecipients) must collect and maintain data that measure the performance and effectiveness of work under this Grant Subaward. Subrecipients (and any Second-Tier Subrecipients) must provide data (within the required timeframes) to OJP via the Performance Measurement Tool (PMT).

## **10. Determination of Suitability to Interact with Participating Minors**

This condition applies to the Grant Subaward (if it is indicated) when some or all of the activities to be carried out under the Grant Subaward (whether by Subrecipients, or Second-Tier Subrecipients) is to benefit a set of individuals under 18 years of age.

Subrecipients (and any Second-Tier Subrecipients) must make determinations of suitability before certain individuals may interact with participating minors. This requirement applies regardless of an individual's employment status.

The details of this requirement are posted on the OJP web site at <https://ojp.gov/funding/Explore/Interact-Minors.htm>.

## **11. Compliance with DOJ Grants Financial Guide**

Subrecipients (and any Second Tier Subrecipients) must comply with all applicable sections of the DOJ Financial Guide. References to the DOJ Grants Financial Guide are to the DOJ Grants Financial Guide as posted on the OJP website (currently, the "DOJ Grants Financial Guide" available at <https://ojp.gov/financialguide/DOJ/index.htm>), including any updated version that may be posted during the period of performance. Subrecipients agree to comply with the DOJ Grants Financial Guide.

## **12. Encouragement of Policies to Ban Text Messaging while Driving**

Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the DOJ encourages Subrecipients (and any Second-Tier Subrecipients) to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this Grant Subaward, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

## **13. Compliance with General Appropriations-law Restrictions on the use of Federal Funds**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable restrictions on the use of federal funds set out in federal appropriations statutes. Pertinent restrictions, including from various "general provisions" in the Consolidated Appropriations Act, 2021, are set out at <https://ojp.gov/funding/Explore/FY21AppropriationsRestrictions.htm>.

Should a question arise as to whether a particular use of federal funds by Subrecipients (and any Second-Tier Subrecipients) would or might fall within the scope of an appropriations or law restriction, Subrecipients are to contact Cal OES



for guidance, and may not proceed without the express prior written approval of Cal OES.

#### **14. Potential Imposition of Additional Requirements**

Subrecipients (and any Second-Tier Subrecipients) agree to comply with any additional requirements that may be imposed by the DOJ awarding agency (OJP or OVW, as appropriate) during the period of performance for this Grant Subaward, if Subrecipients are designated as "high-risk" for purposes of the DOJ high-risk grantee list.

#### **15. Employment Eligibility Verification for Hiring under the Grant Subaward**

a. Subrecipients (and any Second-Tier Subrecipients) must:

- 1) Ensure that, as part of the hiring process for any position within the United States that is or will be funded (in whole or in part) with Grant Subaward funds, Subrecipients (and any Second-Tier Subrecipients) properly verify the employment eligibility of the individual who is being hired, consistent with the provisions of 8 U.S.C. 1324a(a)(1).
- 2) Notify all persons associated with Subrecipients (or any Second-Tier Subrecipients) who are or will be involved in activities under this Grant Subaward of both:
  - a) This Grant Subaward requirement for verification of employment eligibility, and
  - b) The associated provisions in 8 U.S.C. 1324a(a)(1) that, generally speaking, make it unlawful, in the United States, to hire (or recruit for employment) certain aliens.
- 3) Provide training (to the extent necessary) to those persons required by this condition to be notified of the Grant Subaward requirement for employment eligibility verification and of the associated provisions of 8 U.S.C. 1324a(a)(1).
- 4) As part of the recordkeeping for the Grant Subaward (including pursuant to the Part 200 Uniform Requirements), maintain records of all employment eligibility verifications pertinent to compliance with this Grant Subaward condition in accordance with Form I-9 record retention requirements, as well as records of all pertinent notifications and trainings.

b. Monitoring

Subrecipients' monitoring responsibilities include monitoring Second-Tier Subrecipients' compliance with this condition.

c. Allowable costs

To the extent that such costs are not reimbursed under any other federal program, Grant Subaward funds may be obligated for the reasonable, necessary, and allocable costs (if any) of actions designed to ensure compliance with this condition.

d. Rules of construction

1) Staff involved in the hiring process

For purposes of this condition, persons "who are or will be involved in activities under this Grant Subaward" specifically includes (without limitation) any and all Subrecipient officials or other staff who are or will be involved in the hiring process with respect to a position that is or will be funded (in whole or in part) with Grant Subaward funds.

2) Employment eligibility confirmation with E-Verify

For purposes of satisfying the requirement of this condition regarding verification of employment eligibility, Subrecipients (and any Second-Tier Subrecipients) may choose to participate in, and use, E-Verify ([www.e-verify.gov](http://www.e-verify.gov)), provided an appropriate person authorized to act on behalf of the Subrecipient (and any Second-Tier Subrecipient) uses E-Verify (and follows the proper E-Verify procedures, including in the event of a "Tentative Nonconfirmation" or a "Final Nonconfirmation") to confirm employment eligibility for each hiring for a position in the United States that is or will be funded (in whole or in part) with Grant Subaward funds.

3) "United States" specifically includes the District of Columbia, Puerto Rico, Guam, the Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands.

4) Nothing in this condition shall be understood to authorize or require Subrecipients (and any Second-Tier Subrecipients), or any person or other entity, to violate any federal law, including any applicable civil rights or nondiscrimination law.

5) Nothing in this condition, including in paragraph 4.B., shall be understood to relieve Subrecipients (and any Second-Tier Subrecipients) or any person or other entity, of any obligation otherwise imposed by law, including 8 U.S.C. 1324a(a)(1).

Questions about E-Verify should be directed to DHS. For more information about E-Verify visit the E-Verify website (<https://www.e-verify.gov/>).

## 16. Restrictions and Certifications Regarding Non-disclosure Agreements and Related Matters

No Subrecipients (and any Second-Tier Subrecipients) under this Grant Subaward, or entity that receives a procurement contract or subcontract with any funds under this Grant Subaward, may require any employee or contractor to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.

The foregoing is not intended, and shall not be understood by the agency making this Grant Subaward, to contravene requirements applicable to Standard Form 312 (which relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department or agency governing the nondisclosure of classified information.

- a. In accepting this Grant Subaward, Subrecipients (and any Second-Tier Subrecipients):
  - 1) Represent that they neither require, nor have required, internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and
  - 2) Certify that, if they learn, or are notified, that they have, or have been, requiring their employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, they will immediately stop any further obligations of Grant Subaward funds, will provide prompt written notification to Cal OES, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by Cal OES.
- b. If Subrecipients are authorized under this award to make Second-Tier Subawards, procurement contracts, or both:
  - 1) Subrecipients represent that:
    - a) No other entity (whether through a Second-Tier Subaward ("subgrant"), procurement contract, or subcontract under a procurement contract) that they pass funds to either requires or has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and

- b) Appropriate inquiry has been made, or otherwise Subrecipients have an adequate factual basis, to support this representation; and
- 2) If learned or notified that any Second-Tier Subrecipient, contractor, or subcontractor entity that receives funds under this Grant Subaward is, or has been, requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, they will immediately stop any further obligations of Grant Subaward funds to or by that entity, will provide prompt written notification to Cal OES, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by Cal OES.

## **17. OJP Training Guiding Principles**

Subrecipients (and any Second-Tier Subrecipients) agree that they will adhere to the OJP Training Guiding Principle for Grantee and Subgrantees (available at <https://ojp.gov/funding/Implement/TrainingPrinciplesForGrantees-Subgrantees.htm>) for all training or training materials developed or delivered with these funds.

## **18. Federal Authorization**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements for authorization of any Grant Subaward. This condition applies to agreements that -- for purposes of federal grants administrative requirements -- OJP considers a "Grant Subaward" (and therefore does not consider a procurement "contract").

The details of the requirement for authorization of any Grant Subaward are posted on the OJP web site at <https://ojp.gov/funding/Explore/SubawardAuthorization.htm>.

## **19. Requirements Related to System for Award Management and Universal Identifier Requirements**

Subrecipients (and any Second-Tier Subrecipients) must comply with applicable requirements regarding the System for Award Management (SAM), currently accessible at <https://www.sam.gov/>. This includes applicable requirements regarding registration with SAM, as well as maintaining the currency of information in SAM.

Subrecipients also must comply with applicable restrictions for Second-Tier Subawards, including restrictions on Grant Subawards to entities that do not acquire and provide (to Subrecipients) the unique entity identifier required for SAM registration.

The details of the Subrecipients' obligations related to SAM and to unique entity identifiers are posted on the OJP web site at <https://ojp.gov/funding/Explore/SAM.htm>.

This condition does not apply to a Grant Subaward to an individual who received the Grant Subaward as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).

## **20. Restrictions on "lobbying"**

In general, as a matter of federal law, federal funds awarded by OJP may not be used by Subrecipients (and any Second-Tier Subrecipients), either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by Subrecipients (and any Second-Tier Subrecipients), to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

## **21. Specific Post-award Approval Required to Use a Noncompetitive Approach in any Procurement Contract that would Exceed \$250,000**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements to obtain specific advance approval to use a noncompetitive approach in any procurement contract that would exceed the Simplified Acquisition Threshold (currently, \$250,000). This condition applies to agreements that -- for purposes of federal grants administrative requirements -- OJP considers a procurement "contract" (and therefore does not consider a subaward).

The details of the requirement for advance approval to use a noncompetitive approach in a procurement contract under an OJP award are posted on the OJP web site at <https://ojp.gov/funding/Explore/NoncompetitiveProcurement.htm>.

## **22. Requirements Pertaining to Prohibited Conduct Related to Trafficking in Persons (including reporting requirements and OJP Authority to Terminate Grant Subaward)**

Subrecipients (and any Second-Tier Subrecipients) must comply with all applicable requirements (including requirements to report allegations) pertaining to prohibited conduct related to the trafficking of persons, whether on the part of Subrecipients

(and any Second-Tier Subrecipients), or individuals defined (for purposes of this condition) as "employees" of Subrecipients (and any Second-Tier Subrecipients).

The details of the Subrecipients' obligations related to prohibited conduct related to trafficking in persons are posted on the OJP web site at <https://ojp.gov/funding/Explore/ProhibitedConduct-Trafficking.htm>.

### **23. Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct**

Subrecipients (and any Second-Tier Subrecipients) must promptly refer to Cal OES any credible evidence that a principal, employee, agent, Subrecipient, contractor, subcontractor, or other person has, in connection with funds under this Grant Subaward-- (1) submitted a claim that violates the False Claims Act; or (2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct.

Potential fraud, waste, abuse, or misconduct involving or relating to funds under this Grant Subaward should must also be reported to Cal OES. Additional information is available from the DOJ OIG website at <https://oig.justice.gov/hotline>.

### **24. Discrimination Findings**

Subrecipients (and any Second-Tier Subrecipients) assure that in the event that a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the ground of race, religion, national origin, sex, or disability against a recipient of victim assistance formula funds under this Grant Subaward, Subrecipients will forward a copy of the findings to the Office for Civil Rights of OJP.

### **25. VOCA Requirements**

Subrecipients (and any Second-Tier Subrecipients) assure that they will comply with the conditions of the Victims of Crime Act (VOCA) of 1984, sections 1404(a)(2), and 1404(b)(1) and (2), 34 U.S.C. 20103(a)(2) and (b)(1) and (2) (and the applicable program guidelines and regulations), as required.

**CERTIFICATION**

I certify the Subrecipient identified above will comply with the requirements of the Subrecipient Handbook and the federal fund Grant Subaward assurances outlined above.

DocuSigned by:



Official Designee's Signature: \_\_\_\_\_

Official Designee's Typed Name: Joyce E. Dudley

Official Designee's Title: District Attorney

Date Executed: 7/21/2022



**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: Santa Barbara County		Grant Subaward #: VW22 41 0420		
A. Personnel Costs - Line-item description and calculation	20 VOCA	22 VOCA	22 VWA0	Total Amount Allocated
<b>VW Program Manager 0.65 FTE</b> \$154,548 Salary and Benefits TE 26% grant funded = \$40,661 Salary @ 67% = \$27,243 Benefits @ 33% = \$13,418 Retirement FICA Medicare Health Ins			\$11,157 <del>\$9,901</del> <del>\$4,828</del> \$3,472	\$27,243 \$13,418
<b>VW Program Supervisor 1.5 FTE</b> \$205,632 Salary and Benefits TE 18% grant funded = <del>\$36,496</del> \$37,014 (only charging \$36,496) Salary @ 65% = \$23,722 Benefits @ 35% = \$12,774 Retirement FICA Medicare Health Ins	\$10,637 \$5,728	\$2,448 \$1,318	\$10,637 \$5,728	\$23,722 \$12,774
<b>VW Program Assistant 6.5 FTE</b> \$749,866 Salary and Benefits TE 68% grant funded = <del>\$510,410</del> \$513,433 (only charging \$513,410) Salary @ 63% = \$323,448 Benefits @ 37% = \$189,962 Retirement FICA Medicare Health Ins	\$230,107 \$160,943	\$73,409 \$19,663	\$19,932 \$9,356	\$323,448 \$189,962
<b>VW Mass Victimization Advocate 1.0 FTE</b> \$127,743 Salary and Benefits 65% grant funded = \$83,033 Salary @ 59% = \$48,989 Benefits @ 41% = \$34,044 Retirement FICA Medicare Health Ins	\$17,989 \$4,044	\$31,000 \$30,000		\$48,989 \$34,044
<b>Personnel Costs Fund Source Totals</b>	\$429,448	\$183,870	\$60,282	\$673,600
<b>PERSONNEL COSTS CATEGORY TOTAL</b>				\$673,600

✓                      ✓                      ✓                      ✓  
 39                      39                      39                      39







**Grant Subaward Budget Pages**  
Multiple Fund Sources

Subrecipient: Santa Barbara County			Grant Subaward #: VW22 41 0420	
C. Equipment Costs - Line-item description and calculation	20 VOCA	22 VOCA	22 VWA0	Total Amount Allocated
None.				
Equipment Costs Fund Source Totals				
<b>EQUIPMENT COSTS CATEGORY TOTAL</b>				

Grant Subaward Totals - Totals must match the Grant Subaward Face Sheet	20 VOCA	22 VOCA	22 VWA0	Total
<b>Fund Source Totals</b>	<b>\$495,000</b>	<b>\$189,544</b>	<b>\$67,070</b>	<b>\$751,614</b>

✓ ✓ ✓ ✓ ✓

## VSPS Budget Summary Report

**VW22 Victim/Witness Assistance Program**

**Subaward #: VW22 41 0420**

**Santa Barbara County**

**Performance Period: 10/01/22 - 09/30/23**

Victim Witness Assistance Program

**Latest Request: , Not Final 201**

**A. Personal Services - Salaries/Employee Benefits**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	429,448	0	429,448	0	429,448
F	22VOCA	183,870	0	183,870	0	183,870
S	22VWA0	60,282	0	60,282	0	60,282
<b>Total A. Personal Services - Salaries/Employee Benefits:</b>		<b>673,600</b>	<b>0</b>	<b>673,600</b>	<b>0</b>	<b>673,600</b>

**B. Operating Expenses**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	65,552	0	65,552	0	65,552
F	22VOCA	5,674	0	5,674	0	5,674
S	22VWA0	6,788	0	6,788	0	6,788
<b>Total B. Operating Expenses:</b>		<b>78,014</b>	<b>0</b>	<b>78,014</b>	<b>0</b>	<b>78,014</b>

**C. Equipment**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	20VOCA	0	0	0	0	0
F	22VOCA	0	0	0	0	0
S	22VWA0	0	0	0	0	0
<b>Total C. Equipment:</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
<b>Total Local Match:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Funded:</b>	<b>751,614</b>	<b>0</b>	<b>751,614</b>	<b>0</b>	<b>751,614</b>
<b>Total Project Cost:</b>	<b>751,614</b>	<b>0</b>	<b>751,614</b>	<b>0</b>	<b>751,614</b>

F/S/L (Funding Types): F=Federal, S=State, L=Local Match

Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule

09/23/22



## Grant Subaward Budget Narrative

Grant Subaward #: VW 22-41-0420

Subrecipient: Santa Barbara County

### **Personal Services: Salaries & Benefits**

The budget includes 8.65 full time equivalent positions and a 1.0 FTE MV Advocate. The 6.5 FTE victim advocates delineated in the Cal OES funded grant provide direct services to victims of violent crime providing the mandated and optional Victim-Witness Services. In addition, the unit is overseen by the Victim Witness Program Director who dedicates 65% of her time to grant operations with 26% grant financing. Two Victim Witness Program Supervisors funded at 1.5 FTE through VW funding, oversee program staff in North and South County and provide direct victim services to victims of crime. The grant assigned Victim Advocate staff are Victim/Witness Program Assistants I-III and have a minimum of three years of experience within the criminal justice or social service systems in interviewing, counseling, or referring others to community resources and education in the behavioral sciences or criminal justice. A total of 68% of their salary and benefits are financed through OES VW funding. The Santa Barbara County District Attorney's Office receives MVA grant funding for a 1.0 FTE Mass Victimization Advocate. The position costs include salary and benefits @ \$127,743 and is funded 65% by grant funds. The program will utilize said funding to continue to implement a Crisis Response Plan and will handle a reduced caseload.



## Grant Subaward Budget Narrative

Grant Subaward #: VW 22-41-0420

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Subrecipient: Santa Barbara County

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### Operating Expenses

Operating expenses funded by the grant total \$6,184 for Victim-Witness Advocate training and two Mandatory Regional Trainings. The Training budget may change given current COVID-19 mandates. Also \$3500 is included to furnish the Advocates Office. An indirect cost of 10% of salary and benefits is included in the operating budget @ \$68,330. Indirect Cost Rate is attributed to the operation of the administrative functioning of the grant. All other operating expenses are absorbed by the District Attorney's Office.



## Grant Subaward Programmatic Narrative

Grant Subaward #: VW 22-41-0420

Subrecipient: Santa Barbara County

### Plan

Generally, Advocates manage their time as to provide telephone or in person contact to the more serious victims of crime. Mandatory and optional services are availed to victims who are referred to the program through various social, medical or law enforcement agencies. The advocates conduct an assessment to determine the extent of optional services necessary. In order to effectively balance the growing workload Victims of misdemeanor crimes with minor or no injuries receive a letter offering service or are contacted by a Victim/Witness Volunteer. As time permits and the victim's needs warrant, Advocates will provide field visits and/or transportation assistance to/from our offices. We rely on the local University of California, local community colleges and trade schools for our Volunteers. Volunteers contact victims of some assaults, theft, property crimes, and DUI crimes. The 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. Given funding restrictions, our volunteer pool provides valuable services to carefully selected victims allowing our program staff to keep pace with more serious misdemeanor and felony caseloads.

Victim Witness Assistance Program referrals come from a variety of sources. Our primary source is Law Enforcement. The District Attorney's Office Victim Witness



## Grant Subaward Programmatic Narrative

Grant Subaward #: VW 22-41-0420

Subrecipient: Santa Barbara County

Program has referral procedures with each of the county law enforcement agencies including the CHP, which enable Advocates to contact reported victims of crime and provide comprehensive services in a timely fashion. As cases come to the District Attorney's Office for review, copies of all relevant crime reports or face sheets are directed through District Attorney Legal Secretarial staff to the Victim Witness Program. In addition, our office receives a computer listing of cases, which are not immediately forwarded to the District Attorney's Office due to a pending investigation or an unknown suspect. 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. Additional sources of referrals come from a range of agencies which include but are not limited to Local Schools, *Domestic Violence Solutions*, Child Welfare Services, The DA Truancy Program, Juvenile Hall, Behavioral Wellness, Immigration Assistance Agencies, Public Health, Court Appointed Special Advocates (CASA), *Legal Aid Foundation*, the Department of Social Services, Rape Crisis Centers, *University of California Rape Prevention and Education Center*, *Child Abuse Listening and Mediation (CALM)* and *Pacific Pride Foundation* (A gay and lesbian resource center). We have current operational agreements with Domestic Violence Solutions, North



## Grant Subaward Programmatic Narrative

Grant Subaward #: VW 22-41-0420

Subrecipient: Santa Barbara County

County Rape Crisis Center and Child Protection Center, Santa Barbara Rape Crisis Center, Child Abuse Listening and Mediation (CALM).

The Victim Witness Assistance Program Manager manages the Administrative Oversight of our Sexual Assault Response Team. Victim Witness Advocates respond during business hours to the Sexual Assault Response Team Cottage 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, Child Abuse Listening and Mediation Child Interview Specialists and Child Welfare Services Social Workers. During COVID, Advocates also responded on-call to adult cases of reported sexual assaults as the local Rape Crisis Center was not deploying in person.

Victim Witness Staff are equipped to meet the needs of special victims. Six of the funded advocates are bilingual (Spanish/English) as well as the Program Manager. Our staff works closely with the Independent Living Resource Center when providing service to victims with visual or hearing impairment. When necessary we also access services through Telephone Video Relay translation services for hearing impaired. Furthermore, Santa Barbara Superior Court has equipment to assist hearing impaired witnesses during court proceedings. In the last four years, through the efforts





## Grant Subaward Programmatic Narrative

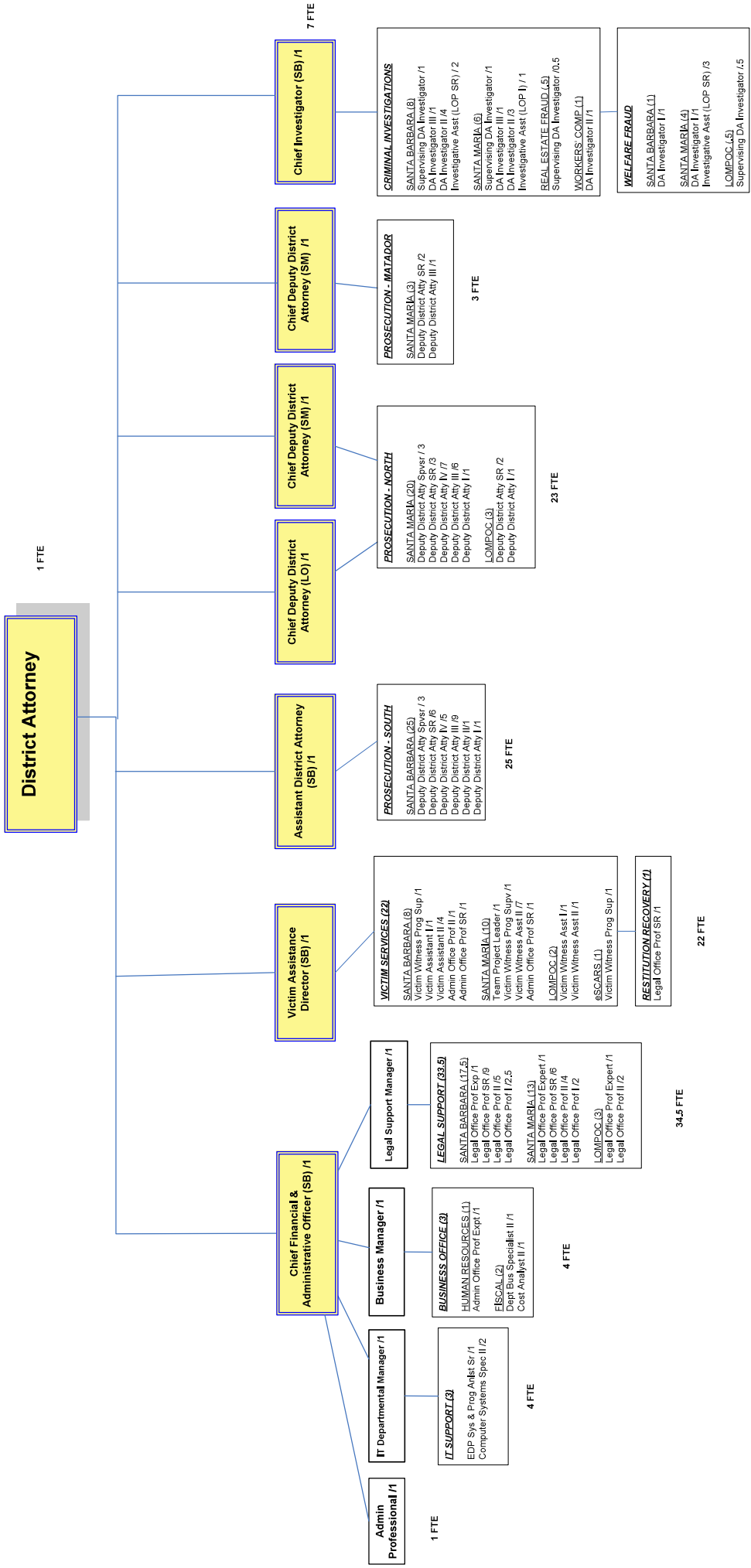
Grant Subaward #: VW 22-41-0420

Subrecipient: Santa Barbara County

of the previous Elder and Dependent Abuse Advocacy and Outreach Program, the Victim Witness Program has developed collaborative relationships with the Tri County Regional Center who coordinates services for persons with developmental disabilities and their families. Our offices are handicap accessible and we have wheelchairs available in each of our area offices. Program Staff regularly conduct field visits to those victims who do not have access to transportation. District Attorney pool cars are utilized when program staff is required to travel from the office to provide services or conduct outreach and educational presentations.

### **MVA Plan**

The Santa Barbara County Victim witness Assistance Program is opting to continue to receive ongoing funding for an FTE MVA position. The MVA Advocate attended the Crisis Response Training, participates in the MVA statewide roundtables, and works closely with our County Office of Emergency Services. The Program Manager and the MVA Advocate have integrated Victim-Witness Assistance into the County's plan for a Family Assistance Center. We have not had any mass victimization events during the prior year. We are currently working with the County Office of Emergency Services to conduct a multi-day training for our region in conjunction with the State Office of Emergency Services.



DA Positions Org Chart FY 2022-23

145.5 FTE FY 2022-23

**SANTA BARBARA COUNTY DISTRICT ATTORNEY'S OFFICE – VICTIM SERVICES MASS VICTIMIZATION  
CRISIS RESPONSE PLANNING – WORK PLAN**

*Initial goals and objectives to target key tasks when creating a crisis response plan. Strategies for success are included as well as tangible outcome measures that can begin to structure a Crisis Response Plan. This work plan combined with the shared vision will serve as a guide to drafting a Crisis Response Plan tailored to the strengths and capacities of the program.*

GOAL	GOAL	GOAL
Implement CRT Team structure available for deployment & operations.	Activation through Reponse & Recovery Organizational Chart	Regional Deployment Plan
<b>OBJECTIVE</b> Review staffing levels & skills for placement: TEAM A: initial response TEAM B: reinforcement response TEAM C: Office Operations	<b>OBJECTIVE</b> Outline an organizational chart from initial activation through recovery during a mass victimization incident (use *Vision from Questionnaire as a guide)	<b>OBJECTIVE</b> Develop an initial regional deployment plan to include immediate assessment by regional supervisors until full CRT arrives
<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Define skills needed for Teams</li> <li>• Utilize Response Readiness Surveys</li> <li>• Determine minimum staff levels for Team C – Office Operations</li> <li>• Review of staff – skills/strengths</li> <li>• Team assignment by Supervisors</li> <li>• Contract for each Team Member</li> <li>• Regional first response team?</li> </ul>	<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Identify who can activate the team</li> <li>• Address self-deployment &amp; consequences</li> <li>• Include CRT Roster</li> <li>• Reference county/community resources for staff during recovery phase</li> </ul>	<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Incident checklist</li> <li>• Communication system</li> <li>• Assessment guidelines</li> <li>• Chain of command</li> <li>• ** Use services provided in Fire/Debris Flow Jan 2018 as a guide</li> </ul>
<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Team Roles/Responsibilities</li> <li>➤ Team chosen</li> <li>➤ Signed Contracts on file</li> <li>➤ CRT Roster</li> </ul>	<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Additional visual Org Chart to use in:                             <ul style="list-style-type: none"> <li>- Training</li> <li>- Education</li> <li>- Deployment</li> </ul> </li> </ul>	<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Regional Response Plan included in larger Crisis Response Plan &amp; Deployment</li> <li>➤ Alert and Activation of countywide response to critical incidents</li> </ul>
<b>Due Date April 2019</b>	<b>Due Date June 2019</b>	<b>Due Date TBD</b>

GOAL	GOAL	GOAL
Claims procedures during response and aftermanth assistance	Resource and Referral guide for quick reference (potentially for publishing to the public or partners)	Communication procedures during incident
<b>OBJECTIVE</b> Inclusion & guidelines of Claims assistance during a mass victimization incident	<b>OBJECTIVE</b> Easy access to available resources during a deployment	<b>OBJECTIVE</b> Develop system of CRT communication from activation through response
<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Identify liaison with VCB to contact in a critical incident (add to alert phase)</li> <li>• MOU with a community based organization for large volume application assistance</li> <li>• Create a cheat sheet/quick reference guide for basic approval/eligibility or referral need</li> <li>• Identify needs or challenges</li> </ul>	<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Combine current resource and referral list of: shelters, food, clothing, medical assistance, Victim Services information, and transportation options within county.</li> <li>• Maintain as a 3-ring binder OR create a brochure to be available to the public and partners</li> </ul>	<b>STRATEGIES</b> <ul style="list-style-type: none"> <li>• Timeline of communication expectations:               <ul style="list-style-type: none"> <li>- Activation of team</li> <li>- Office operations * Advocates</li> <li>- Office operations * DA Staff</li> <li>- Statewide information/updates</li> <li>- Address cell &amp; email communication</li> <li>- Maintenance and use of work assigned cells and Ipads</li> </ul> </li> </ul>
<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Inclusion in CRT Response Plan</li> <li>➤ Quick reference guide available</li> <li>➤ MOU/partnership with CBO</li> </ul>	<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Resource Guide – focus should be on immediate needs of victims in a mass casualty/mass victimization</li> </ul>	<b>OUTCOME MEASURE</b> <ul style="list-style-type: none"> <li>➤ Communication protocols to be included in larger Crisis Response Plan &amp; Development</li> <li>➤ Maintenance and expectation protocols included in equipment checklist</li> </ul>
Due Date February 2019	Due Date September 2019	Due Date April 2019

GOAL	GOAL	GOAL
Data capture & logging during incident	HR impact during deployment	Pre identified staging area in each office for deployment briefing & supplies
<b>OBJECTIVE</b>	<b>OBJECTIVE</b>	<b>OBJECTIVE</b>
Develop system, templates & procedures of tracking statistical information during incident	Include HR policies regarding overtime, liability & personnel rights	Identify staging area in each regional office: <ul style="list-style-type: none"> <li>○ Equipment storage</li> <li>○ Most updated CRT Crisis Response Plan &amp; protocols</li> <li>○ Area for deployment briefing &amp; assignments</li> </ul>
<b>STRATEGIES</b>	<b>STRATEGIES</b>	<b>STRATEGIES</b>
<ul style="list-style-type: none"> <li>● Determine necessary info needed</li> <li>● Why?</li> <li>● Create template</li> <li>● Develop procedure expectations</li> <li>● Identify where to store information</li> <li>● Address confidentiality concerns</li> <li>● Assign staff positions for data entry</li> <li>● Establish timeline for completion</li> </ul>	<ul style="list-style-type: none"> <li>● Review MOU of any union contracts for personnel</li> <li>● Clarify if needed with union representative in a Meet &amp; Confer</li> <li>● “Call Back” vs “On Call”</li> <li>● Include in CRT Team Contract</li> <li>● Meet with internal HR to identify needs etc</li> </ul>	<ul style="list-style-type: none"> <li>● Identify area (cubby/closet/cabinet)</li> <li>● Inventory of supplies</li> <li>● Stock supplies for deployment needs</li> <li>● Checklist/checkout system for supplies &amp; dates</li> <li>● Place CRT Plan &amp; protocols in area for easy reference</li> <li>● Staging area once activated</li> <li>● Briefing/Debriefing of incident</li> </ul>
<b>OUTCOME MEASURE</b>	<b>OUTCOME MEASURE</b>	<b>OUTCOME MEASURE</b>
<ul style="list-style-type: none"> <li>➤ Protocol for data collection</li> <li>➤ Templates created</li> </ul>	<ul style="list-style-type: none"> <li>➤ CRT Team Contract component</li> <li>➤ Include in larger CRT Response Plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ Labeled area in each regional office</li> <li>➤ Supply inventory &amp; checklist</li> <li>➤ Identified area for information on incident</li> </ul>
Due Date September 2019	Due Date January 2019	Due Date September 2019
<b>ADDITIONAL INFORMATION</b>		

GOAL		GOAL
Recovery Plan for staff	Office & stakeholder education	On going training plan for personnel
OBJECTIVE	OBJECTIVE	OBJECTIVE
Establish self-care strategies that address possible vicarious trauma after responding to an incident	Information education officewide & extend to community/county stakeholders	Develop a targeted, ongoing training plan for personnel that is comprehensive to emerging service delivery strategies, is culturally sensitive & monitored for completion
STRATEGIES	STRATEGIES	STRATEGIES
<ul style="list-style-type: none"> <li>• Self-care expectations/permissions</li> <li>• Timeline</li> <li>• Mandated or strongly suggested?</li> <li>• Debriefing after each shift</li> <li>• Resource &amp; referrals</li> <li>• Director follow up for division</li> </ul>	<ul style="list-style-type: none"> <li>• Develop education materials of Program's role during a mass victimization incident</li> <li>• Identify who will provide education &amp; where</li> <li>• Targeted plan to educate <ul style="list-style-type: none"> <li>- Executive Staff</li> <li>- County stakeholders</li> <li>- Community organizations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identify web based trainings available</li> <li>• Develop topic focused trainings</li> <li>• Establish training completion system</li> <li>• Request additional technical assistance</li> </ul>
OUTCOME MEASURE	OUTCOME MEASURE	OUTCOME MEASURE
<ul style="list-style-type: none"> <li>➤ Resource &amp; referrals available</li> <li>➤ Debriefing script</li> <li>➤ Supervisor communications of concerns</li> <li>➤ Documented follow up</li> </ul>	<ul style="list-style-type: none"> <li>➤ Education materials</li> <li>➤ Targeted plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ Training tracking system</li> <li>➤ Training &amp; development plan</li> </ul>
<b>Due Date April 2019</b>	<b>Due Date October-September 2019</b>	<b>Due Date Ongoing through September 2019</b>



## Operational Agreement Summary

Grant Subaward #: VW22 41 0420

Subrecipient: Santa Barbara County

Participating Agency/Organization/Individual	Date Signed	Time Frame of OA
1. Santa Barbara Sheriff's Department		10/01/22 to 09/30/23
2. Santa Maria Police Department		10/01/22 to 09/30/23
3. Lompoc Police Department		10/01/22 to 09/30/23
4. Santa Barbara Police Department		10/01/22 to 09/30/23
5. Domestic Violence Solutions		10/01/22 to 09/30/23
6. North County Rape Crisis and Child Protection Center		10/01/22 to 09/30/23
7. STESA		10/01/22 to 09/30/23
8. _____		_____ to _____
9. _____		_____ to _____
10. _____		_____ to _____
11. _____		_____ to _____
12. _____		_____ to _____
13. _____		_____ to _____
14. _____		_____ to _____
15. _____		_____ to _____
16. _____		_____ to _____
17. _____		_____ to _____
18. _____		_____ to _____
19. _____		_____ to _____
20. _____		_____ to _____



## 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 Victim 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. Cal OES Grant Subaward Number: VW22 41 0420
2. Subrecipient's Name: Santa Barbara County
3. Grant Subaward Performance Period 10/01/2022 through 09/30/2023
4. VOCA Fund Source #1: 20VOCA  
VOCA Victim Assistance Formula Grant Program Funds Awarded: \$ 495,000  
Amount of Match Proposed (post approved Match Waiver): \$ 0
5. VOCA Fund Source #2 (if applicable): 22VOCA  
VOCA Victim Assistance Formula Grant Program Funds Awarded: \$ 189,544  
Amount of Match Proposed (post approved Match Waiver): \$ 0
6. Briefly summarize the services provided:
  
7. Describe practical/logistical obstacles and/or local resource constraints to providing match:

Approved

Denied

Susan Grace

Unit Chief Name

  
Unit Chief Signature

5/16/2022

Date



**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

<b>Subrecipient:</b> Santa Barbara County	<b>UEI #</b> <del>151651219</del> DYLNNV6VBPR7	<b>FIPS #:</b> 83-00000
<b>Grant Disaster/Program Title:</b> Victim Witness Assistance Program		
<b>Performance Period:</b> 10/01/22	<b>to</b> 09/30/23	<b>Subaward Amount Requested:</b> \$ 751,614
<b>Type of Non-Federal Entity (Check Applicable Box)</b>	<input type="checkbox"/> State Govt <input checked="" type="checkbox"/> Local Govt <input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe	


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. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	>5 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	3-5 years
3. How many grants does your organization currently receive?	3-10 gran
4. What is the approximate total dollar amount of all grants your organization receives?	\$ 2,970,000
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	Yes
9. Do you have a written plan to charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Sometimes
12. How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	Yes

**Certification:** This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.

<b>Signature: (Authorized Agent)</b> 	<b>Date:</b> 7/19/2022
<b>Print Name and Title:</b> Joyce E. Dudley, District Attorney	<b>Phone Number:</b> 805-568-2306
<i>Cal OES Staff Only: SUBAWARD # VW22 41 0420</i>	



## Grant Subaward Service Area Information

Grant Subaward #: VW22 41 0420

Subrecipient: Santa Barbara County

1. County or Counties Served:  
Santa Barbara County

County where principal office is located: City of Santa Barbara

2. U.S. Congressional District(s) Served:  
23rd

U.S. Congressional District where principal office is located: 23rd

3. State Assembly District(s) Served:  
37th

State Assembly District where principal office is located: 37th

4. State Senate District(s) Served:  
19th

State Senate District where principal office is located: 19th

5. Population of Service Area: 448,656

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

<b>Subrecipient Name:</b> Santa Barbara County			<b>Mail Log #:</b> 759779	
<b>Grant Subaward #:</b> VW22 41 0420				
Checklist Items	Yes	No	N/A	Comments
<b>1. Annual Plan</b>				
The Annual Plan is approved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Required Status Verification</b>				
<ul style="list-style-type: none"> <li>The Subrecipient/Implementing Agency has a Unique Entity Identifier (Unique Entity ID) and has been verified on the SAM.org website.</li> <li>Subrecipient/Implementing Agency is not an excluded entity in the SAM federal debarment and suspension ("Exclusions") registry.</li> <li>SAM report (with UEI # and Exclusion status information) is included. <a href="https://sam.gov/content/home">https://sam.gov/content/home</a></li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>IRS Verification:</u> <b>(Community Based Organizations Only)</b> The Subrecipient/Implementing Agency name is consistent with Legal Name per the IRS or DBA (if submitted on the Std. 204). Printout of IRS verification is attached. <a href="https://apps.irs.gov/app/eos/">https://apps.irs.gov/app/eos/</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>Nonprofit Status Verification – CA Dept. of Justice (DOJ) (Community Based Organizations Only):</u> The Subrecipient/Implementing Agency is <b>Current</b> (or pending) with the DOJ's Registry of Charitable Trusts. Print out verifying current (or pending) status is attached. <a href="https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y">https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3. Grant Subaward Face Sheet (Cal OES 2-101)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Includes the mail log number and date stamp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward # is exactly the same as on Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
The Subrecipient and Implementing Agency names are exactly the same as the Annual Plan. Colusa County = County of Colusa Colusa County ≠ Colusa District Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Unique Entity ID is entered and matches the SAM registration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Disaster/Program Title is exactly the same as on Annual Plan, includes the word "program".	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward performance period is exactly the same as the Annual Plan. Dates must include Month, Date, and Year (i.e., 10/1/21).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One of the options for the Indirect Cost Rate is selected on the Grant Subaward Face Sheet. If Federally Approved ICR is checked, a copy of the Subrecipient's ICR <b>MUST</b> be attached.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each fund source and year has its own row and is in the correct column (State OR Federal).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The funding (and applicable match) amounts are <b>exactly</b> the same as the Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The match is identified and in the correct box(es) (i.e., cash and/or in-kind).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Column C Total is complete.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The information in Section 15 is complete.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The zip code for all address/location fields includes the +4 extension.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 15 has the signature of the person authorized by the Governing Board to sign and accept the grant. [ <i>Official Designee</i> on Grant Subaward Contact Information form]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Supplemental Grant Subaward Information - for federally-funded Grant Subawards only</b>				
A Supplemental page is included and includes information for all federal fund(s) the Subrecipient is receiving in the Grant Subaward. <a href="#">S:/LEVSD/11-GRANTS PROCESSING/OMB Required Supp Subaward Documents.</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The total federal Funding Federal Award Amount(s) and Local Assistance Funding Amount(s) are the same as entered into ALS (Funding Source Data or Funding Rec screen)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
<b>5. Special Condition</b>				
One Special Condition document is included for <b>all</b> Special Conditions. <i>If multiple Special Conditions are required, they must be consolidated onto one sheet.</i> (S:/LEVSD/11-GRANTS PROCESSING/Special Conditions – Templates).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Grant Subaward Contact Information (Cal OES 2-102)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward # and Subrecipient name are EXACTLY the same as the Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All fields are complete, including an email, addresses, and the 4-digit zip code extension for each person.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each individual has a unique email address.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The entries for the Grant Subaward Director and the Financial Officer are two different people.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Grant Subaward Signature Authorization (Cal OES 2-103)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward #, Subrecipient Name, and Implementing Agency are EXACTLY the same as the Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are authenticated signatures for each authorized signer's typed name.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The authorized Grant Subaward Director and Financial Officer, as listed on the Grant Subaward Contact Information, signed the form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No single person is authorized to sign for both the Grant Subaward Director and Financial Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10. Grant Subaward Certification of Assurance of Compliance (Cal OES 2-104)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Subrecipient name is entered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Program Name(s), Grant Subaward #(s), and Grant Subaward performance period(s) are entered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
The Official Designee's name is printed in the paragraph above Section I.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The form has been signed by Official Designee. aka "Official Authorized to Sign for Subrecipient" on the Grant Subaward Face Sheet. (Same as #6 on Grant Subaward Contact Information form).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The form has been signed by the City/County Financial Officer, City Manager, or Governing Board. (Same as #7 on Grant Subaward Contact Information form-only for NGOs).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>All pages</b> are included.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11. Federal Fund Grant Subaward Assurances (Cal OES 2-109 a-g) – for federally-funded Grant Subawards only</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Subrecipient name is entered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Program Name(s), Grant Subaward #(s), and Grant Subaward performance period(s) are entered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Required Audits & Financial Statements section of the form has one of the boxes checked – certifying whether the Subrecipient expends \$750,000 or more in federal grant funds annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The form has been signed by the same person authorized by the Governing Board (the same person that signed the Grant Subaward Face Sheet).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>All pages</b> are included.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12. Grant Subaward Budget Pages (Cal OES 2-106)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Subrecipient name and Grant Subaward # are on all pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct fund sources are entered in each column for all budget categories.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Match is at the required level and included as its own separate column.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
Line items are allowable in accordance with the RFA/RFP, any/all applicable Federal guidelines, and the Subrecipient Handbook.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each budget line includes a calculation and brief justification/description.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The <b>Personnel Costs</b> “benefits” are calculated by type of benefit, monthly charge, or percentage of salary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the Subrecipient is claiming ICR, a calculation and a description of the indirect costs are included.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The line items calculate to the amounts in the <b>Total Cost</b> column.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each fund source column adds to the <b>Fund Source Totals</b> amount on the bottom of each category.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The <b>Fund Source Totals</b> on the bottom of each category adds to the <b>Category Total</b> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each line items in the <b>Equipment Costs</b> category have a cost of \$5,000 or more per item.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The total amounts for each column from each budget category add to the <b>Grant Subaward Totals</b> for that fund source on the bottom of the equipment page.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The <b>Grant Subaward Totals</b> on the Equipment page are EXACTLY the same as the amounts on the Grant Subaward Face Sheet and Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The <b>Total Project Cost</b> on the bottom of the equipment category page is EXACTLY the same as the amount on the Grant Subaward Face Sheet and Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13. Grant Subaward Budget Narrative (Cal OES 2-107)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The narrative describes how the Subrecipient’s budget and project funded staff duties support the objectives and activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The narrative describes the duties of the staff, including qualifications and/or education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST


Checklist Items	Yes	No	N/A	Comments
The narrative describes the necessity for contracts, unusual expenditures, and/or mid-year salary range adjustments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>14. Grant Subaward Programmatic Narrative (Cal OES 2-108)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The narrative addresses all questions/requirements in the RFA/RFP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Required attachments, per the RFA/RFP <u>are included</u> (e.g., goals and objective charts, job descriptions, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Grant Subaward with VOCA Funding Only:</b> The narrative describes the duties of least one volunteer for the Grant Subaward or a <u>Volunteer Waiver</u> is included (Cal OES form 2-155).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	utilizes college volunteers
<b>15. Subrecipient Grants Management Assessment Form</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Subrecipient Name, Disaster/Program Title, Grant Subaward performance period, and Subaward Amount Requested (not including Match) are EXACTLY the same as the Grant Subaward Face Sheet and Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The correct Unique Entity ID is entered and matches the SAM registration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The form is signed and dated by the official authorized to enter into the Grant Subaward (same person who signed the Grant Subaward Face Sheet). <b>For Governmental Agencies Only:</b> Any person on the Grant Subaward Contact Information may sign.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16. Petty Cash Victim Fund Certification (Cal OES 2-153)</b>				
The current version of the form has been used.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The Grant Subaward # and Subrecipient name match the Annual Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The Grant Subaward budget pages include a line-item for this cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
The Grant Subaward Director AND Financial Officer have signed and dated the form.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>17. Operational Agreements/Operation Agreement Summary Form (Cal OES 2-160)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward # and Subrecipient name match the Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The form includes the required agencies per the RFA/RFP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All OAs listed, required by the RFA/RFP, cover the entire Grant Subaward performance period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18. Organizational Chart</b>				
A current Organizational Chart is included and includes the positions on the Personnel Costs budget page.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19. Grant Subaward Service Area Information Form (Cal OES 2-154)</b>				
The current version of the form has been used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Grant Subaward # and Subrecipient name match the Annual Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subrecipient has entered required information (county, congressional and legislative district numbers) where principal office is located, for questions 1 thorough 4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20. Special Items for Unit Chief Approval – Signature Required</b>				
Noncompetitive Procurement Request (Cal OES 2-156): Current version of the form has been used and includes a justification. <i>[For Contracts of \$10,001 to \$50,000+, regardless of how much is charged to the grant].</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
For procurements over \$50,000 (contractor or consultant), the Subrecipient has used formal advertising to select the contractor/consultant. [Not applicable to Second-Tier Subawards]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Independent Contractor Consultant Rate Exemption Request (Cal OES 2-164) if the budget includes a contractor or consultant with rates that exceed \$650 per day/\$81.25 per hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

GRANT SUBAWARD APPLICATION PROCESSING CHECKLIST

Checklist Items	Yes	No	N/A	Comments
Out-of-State Travel (Cal OES 2-158) if the Subrecipient is requesting travel outside of California.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lodging Rate Exemption Request (Cal OES 2-165) if Subrecipient is requesting rates that exceed the State travel policy rates.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vehicle Purchase Justification has been submitted, in accordance with Subrecipient Handbook section 5.020.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>21. VOCA-Funded Grant Subawards Only</b>				
VOCA SAR has been <u>correctly</u> entered into the OVC Performance Measurement Tool (PMT) database and a copy/screenshot of the SAR is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VOCA Match Waiver Request has been submitted, approved, logged, and is included.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VOCA Volunteer Waiver Request has been submitted and is included.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>I hereby certify this Grant Subaward Application Processing Checklist is accurate and complete to the best of my knowledge.</b>				
Project Specialist ( <b>Print Name</b> ): Tosha Enos			Date: 08/10/2022	
Unit Chief: 			Date: 09/02/2022	

**23. Special Notice**

Special Processing Request

**Notes:**



# SANTA BARBARA, COUNTY OF

Unique Entity ID <b>DYLN6V6BPR7</b>	CAGE / NCAGE <b>7D5Y5</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Nov 25, 2022</b>	
Physical Address <b>1100 Anacapa ST 3RD FL Santa Barbara, California 93101-6030 United States</b>	Mailing Address <b>1112 Santa Barbara Street Santa Barbara, California 93101 United States</b>	

## Business Information

Doing Business as <b>District Attorney</b>	Division Name <b>District Attorney</b>	Division Number <b>021</b>
Congressional District <b>California 24</b>	State / Country of Incorporation <b>(blank) / (blank)</b>	URL <b>http://www.countyofsb.org/</b>
MPIN <b>*****in22</b>		

## Registration Dates

Activation Date <b>Sep 13, 2021</b>	Submission Date <b>Aug 27, 2021</b>	Initial Registration Date <b>May 4, 2015</b>
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## Entity Dates

Entity Start Date <b>May 4, 2015</b>	Fiscal Year End Close Date <b>Jun 30</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**No**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Not Selected**

## Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**No**

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**Not Selected**

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?