#### **CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

GRANT SUBAWARD AME	NDMENT	SUBA	WARD #: XC16	01 0420						
Federal Grant #	FIPS		Ame	endment# 1						
Project # N/A DI	UNS#	Performance Period	07/01/2016	to 12/31/2019						
This amendment is between the Grant Subrecipient: Santa Bar		ice of Emergency Services,	hereafter called	Cal OES, and the						
AMENDMENT TO FUNDS:										
Increase the 2017 VOCA fund Increase the 2017 VOCA mat Increase the Total Project Co	ch by \$89,557 from \$ 0	to \$89,557;								
Change the Performance Per	iod of Subaward from 6/	30/18 to 12/31/19								
SPECIAL CONDITIONS: The 2015 VOCA funds in the submitted by 8/31/2018.	amount of \$493,165 mu	st be expended by 6/30/	18 and the final	2-201 must be						
The 2017 VOCA funds in the amount of \$358,227 must be expended by 12/31/2019 and the final 2-201 must be submitted by 2/28/2020.										
All other provisions of this agr	reement shall remain as	previously agreed upon.								
	Subrecipient (Certification	n and Signature of Authori	zed Agent)							
By (Authorized Signature)		Date								
18 9	Duelly	200	2/21/18							
Joyce E. Dudley	U	Title District Attornov	District Attorney							
Address		District Attorney								
1112 Santa Barbara Street, S	Santa Barbara, CA 93101									
		cy Services (For Cal OES us	se only)	The second secon						
By Director or Designee		Date	e omy							
Printed Name		Title								
Amount Encumbered by this Documer	nt Program/Component	Match	lter	Item						
Prior Amount Encumbered Fu	und Source	Chapter	Statute	Fiscal Year						
Total Amount Encumbered to Date	PCA#	Project #		CFDA #						
I hereby certify upon my own persona	I knowledge that hudgeted fund	ds are available for the period a	nd nurnose of the o	vnenditure stated above						
Signature of Cal OES Fiscal Officer		Date	na parpose of the e	Apenulture stated above.						
Signature of Car OES Piscar Officer		Date								

# GRANT SUBAWARD MODIFICATION

	alifornia Governo		ergency Servic	es			1	. Subaward	#: XC16 0	1 0420
	350 Schriever Ave ather, CA 95655						2	. Modificatio	n# 1	
3. Subrecii	pient/Implemer	ntina Agency	Santa	Barbara 0	County					
4. Project		unty Victim								
-	Person: Sha					805-568-2	304	Fax:		
	ddress: SjO							•	12/31/201	9
	nt Mailing Addr							Г		ere if new.
r				8. Revi	sion to B	ıdget			<b>-</b>	
	Current Allocation			Funds			Require	d Match		
FISCAL YEAR	Select Acronym from list	A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	Total
15	VOCA	\$340,939	\$126,906	\$25,320	\$493,165	\$123,291			\$123,291	\$616,456
17	VOCA				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0			11	\$0	\$0
Proposed	Change {add (	(+) or subtract	(-) from budg	jeted amount						
15	VOCA				\$0				\$0	\$0
17	VOCA	\$262,835	\$95,392	\$0	\$358,227	\$85,339	\$4,218	\$0	\$89,557	\$447,784
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised A	llocation									
15	VOCA	\$340,939	\$126,906	\$25,320	\$493,165	\$123,291	\$0	\$0	\$123,291	\$616,456
17	VOCA	\$262,835	\$95,392	\$0	\$358,227	\$85,339	\$4,218	\$0	\$89,557	\$447,784
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Increase t	cation for Moc he 2017 VOCA he Total Projec man with Mich	A funds by \$3 ct Cost by \$4	58,227 from 47,784 from	\$ 0 to \$358,2 \$616,456 to \$	227; Increase \$1,064,240.	the 2017 VC Additionally, p	OCA match by	the contact	m \$ 0 to \$89	to replace
10. Subre	cipient Approval	S							WHILE EE	
Joyce E						ael Sodern				
Project Dir	redtor (typed man	ne	100 -		Finan	cial Officer (typ	ed name)		D 0	n 19
Project Dir	rector Signature	I nd	les	Date	Finan	cial Officer Sig	nature		<u> </u>	2-18
C		100	0		USE ONLY	olai Oliioti Olg	illuio il			
Cai OES A	Approval Signatu	ies								
Program S	Specialist			Date	Uı	nit Chief			Date	
Grants Pro	ocessing			Date						

## **PROJECT CONTACT INFORMATION**

Subrecipient: S	Santa Barbara County Distric	ct Attorney's Offi	ce	Subaward	#: XC 16 01 0420
Provide the name	e, title, address, telephone num ddress, a street address is al	ber, and e-mail a	ddress ackage	for the project cone delivery and sit	tacts named below. NOTE: If you e visit purposes.
1. The Projec	t Director for the project:				
Name:	Joyce Dudley		Title:	District Attor	ney
=	(805) 568-2306 1112 Santa Barbara Stree			-	jdudley@co.santa-barbara.ca.us
2. The Finance	cial Officer for the project:				
Name:	Michael Soderman		Title:	Administrative	Director
*	(805) 568-2304 1112 Santa Barbara Street		8-2398	Email Address:	mdsoderman@co.santa-barbara.ca.us
3. The person	having <u>Routine Program</u> n	natic responsibi	lity for	the project:	
Name:	Megan Rheinschild		Title:	Victim Witness	Program Director
0.E.	(805) 568-2408 & (805) 729-1614 1112 Santa Barbara Stree				mriker@co.santa-barbara.ca.us
4. The person	having Routine Fiscal Res	sponsibility for	the pro	oject:	
Name:	Shawna Jorgensen		Title:	Business Mana	ger
	(805) 568-2303 1112 Santa Barbara Street				sjorgensen@co.santa-barbara.ca.us
5. The Execut superintend	tive Director of a Communit lent of schools) of the impler	y Based Orgran menting agency:	ization	or the Chief Ex	ecutive Officer (i.e., chief of police,
Name:	Joyce Dudley		Title:	District Attorne	ey
	((805)568-2306 1112 Santa Barbara Street			TO	jdudley@co.santa-barbara.ca.us
	I Designated by the Govern ity-Based Organization, as s				
Name:	Joyce Dudley		Title:	District Attorne	у
	(805) 568-2306 1112 Santa Barbara Street				jdudley@co.santa-barbara.ca.us
7. The <u>chair</u> o	f the <b>Governing Body</b> of the	e subrecipient:			
Name:	Joan Hartmann		Title:	Chair, Board o	f Supervisors
Telephone #: Address/City/Zip:	(805) 568-2192 105 East Anapamu, Santa	Fax#: (805) 568 Barbara, CA 93	-2883	Email Address:	jhartmann@countyofsb.org
, ida coo oity zip.					

## **BUDGET CATEGORY AND LINE ITEM DETAIL**

Subrecipient: SANTA BARBARA COUNTY						Subaward#: XC16 01 0420			
A. Personnel Services – Salaries/Employee Benefits	\	OCA 15		OCA 15 MATCH	VOCA 17	VOCA 17 MATCH			COST
2 FTE Victim/Witness Program Advocate II 51,975 Salary (\$1,999 x 52 PP x 3.5 years) \$363,818	\$	136,589	\$	71,311	\$102,442	\$53,483			\$0 \$0 \$0 \$363,825
Retirement 19.5% of Salary \$51,975 x 3.5 years x 2 FICA/MediCare 6.4% of Salary 51,975 x 3.5 x 2 FTE Health Ins17.4% of Salary 51,975= x 3.5 x 2 FTE	\$ \$ \$	40,541 13,306 36,175			\$22,805 \$7,485 \$20,348	~			\$0 \$70,947 \$23,286 \$63,306
VW Program Manager Salary (\$3469 x 52 PP) 180,388 x .10 Retirement x 36.5% of .10 FTE salary Fica/Medicare: 6.5% of .10 FTE (3.5 yr) Health Ins: 15.5% of .10 FTE (3.5 yr)			\$ \$ \$ \$	18,039 6,584 1,173 2,796	\$13,529 \$4,938 \$880 \$2,097				\$0 \$0 \$31,568 \$11,522 \$2,053 \$4,893
VW Program Supervisors Salary (\$2838 x 52 PP) 147,564 x .10 Retirement x 36.5% of .10 FTE salary Fica/Medicare: 6.5% of .10 FTE (3.5 yr) Health Ins: 15.5% of .10 FTE (3.5 yr)			\$ \$ \$ \$	14,756 5,386 959 2,287	\$11,067 \$4,040 \$719 \$1,715				\$0 \$25,823 \$9,426 \$1,678 \$4,002
Stand By On Call Costs Two Advocates \$3/hour x 128 hours/weekly x 3.5 x 52 weeks x 2 39.88 x 3 hours x 12 call outs/month x 42	\$ \$	79,872 34,456			\$ 44,928 \$ 25,842	\$ 14,976			\$0 \$0 \$0 \$139,776 \$60,298 \$0 \$0
									\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
									\$0 \$0 \$0 \$0 \$0 \$0 \$0
Personal Section Totals		\$340,939		\$123,291	\$262,835	\$85,339	\$0	\$0	\$812,404

## **BUDGET CATEGORY AND LINE ITEM DETAIL**

brecipient: SANTA BARBARA COUNTY	Subaward#:	XC16 01 0	420				
. Operating Expenses	VOCA 15	VOCA 15 MATCH	VOCA 17	VOCA 17 MATCH			COST
Victim Advocate Training					1		
Lodging x 4 Advocates x 6 nights @ \$125 = \$3,000	\$3,552		\$2,664	\$888			\$7,
Per Diem: \$46/day x 6 days x 4 ps = \$1,104	40,002		Ψ2,004	4000			Ψ',
Airfare: \$750 x 4 Advocates = \$3,000							
				1	1	1	
Mandatory OES Victim Advocate Training	\$2,160		\$1,620	\$540	1	ł	\$4,
Lodging x 10 nights x \$95/night x 2 Staff = \$1,900				***			7.0
Per Diem \$46/day x 10 days x 2 Staff = \$920						- 1	
irfare: \$375 RT SBA/SMF x 2 Staff, x two trips=\$1,500					1		
Computer Purchase x 3							
HP Desktop Elite 840 G2 \$1296	\$2,592		\$1,296				\$3,
Microsoft Business and Exchange Software \$244 Hardware Support \$75	\$488 \$150		\$244 \$75		ı		\$ \$
Monitor \$150	\$300		\$150		- 1		\$
Docking Station, Mouse and Keyboard \$190	\$380		\$190				\$
					1		
Advocate Phones x 4	\$800						\$
Data Plan x 4 x 42 months x \$35/month	\$3,360			ı			\$3,
	0.000 (1990) (1990)						•
Complemental Declaration of Land Continue	04.500		24.405				
Supplemental Background Investigation	\$1,500		\$1,125	\$375	-		\$3,
Office Furniture							
4 Desks @ \$2,258	\$4,516		\$3,387	\$1,129			\$9,0
4 Chairs @ \$800	\$1,600		\$1,200	\$400			\$3,
2 Victim Witness Additional Workstations	\$49,269		\$39,188		1		\$88,
False Walls and 2 Doors to Create 2 Workstations	Ψ <del>4</del> 9,209		φ39,100	1			φοο,
Pagauras Card/Prosburas	\$2.500		<b>62 545</b>	0000		1	<b>C</b> C (
Resource Card/Brochures	\$2,500		\$3,545	\$886			\$6,
Indirect @10% de minimis (MTDC)	\$53,739		\$40,708				\$94,
=(S&B (812,403) + Operating Costs (132,070)) x 10%							
ERATING SECTION TOTAL	\$126,906	\$0	\$95,392	\$4,218	\$0	\$0	\$226,5

#### **BUDGET CATEGORY AND LINE ITEM DETAIL**

ibrecipient: SANTA BARBARA CO	Subaward #:	XC16 01 04	420				
C. Equipment	VOCA 15	VOCA 15 MATCH	VOCA 17	VOCA 17 MATCH			COST
Advocate Vehicle Purchase	\$25,320						\$25,3
	,						420,0
				1			
				1			
	8						
	2						
uinment Costion Totale	\$25,320	\$0	60	60	60	60	605.0
uipment Section Totals  QUIPMENT SECTION TOTAL	\$25,320	\$0	\$0	\$0	\$0	\$0	\$25,3
OIL WENT SECTION TOTAL							\$25,320
Category Totals							
ame as Section 12G on the Grant Award Face Sheet	\$493,165	\$123,291	\$358,227	\$89,557	\$0	\$0	
otal Project Cost*						\$1	064,24