

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

GRANT SUBAWARD AMENDMENT SUBAWARD #: XC16 01 0420

Federal Grant # _____ FIPS# _____ Amendment# 1
 Project # N/A DUNS# _____ Performance Period 07/01/2016 to 12/31/2019

This amendment is between the California Governor's Office of Emergency Services, hereafter called Cal OES, and the Grant Subrecipient: Santa Barbara County

AMENDMENT TO FUNDS:

Increase the 2017 VOCA funds by \$358,227 from \$ 0 to \$358,227;
 Increase the 2017 VOCA match by \$89,557 from \$ 0 to \$89,557;
 Increase the Total Project Cost by \$447,784 from \$616,456 to \$1,064,240.

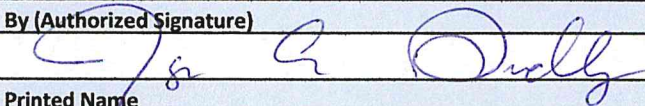

Change the Performance Period of Subaward from 6/30/18 to 12/31/19

SPECIAL CONDITIONS:

The 2015 VOCA funds in the amount of \$493,165 must be expended by 6/30/18 and the final 2-201 must be submitted by 8/31/2018.

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 agreement shall remain as previously agreed upon.

Subrecipient (Certification and Signature of Authorized Agent)				
By (Authorized Signature)			Date	
			 2/21/18	
Printed Name			Title	
Joyce E. Dudley			District Attorney	
Address				
1112 Santa Barbara Street, Santa Barbara, CA 93101				
Governor's Office of Emergency Services (For Cal OES use only)				
By Director or Designee			Date	
Printed Name			Title	
Amount Encumbered by this Document	Program/Component	Match	Item	
Prior Amount Encumbered	Fund Source	Chapter	Statute	Fiscal Year
Total Amount Encumbered to Date	PCA #	Project #	CFDA #	
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.				
Signature of Cal OES Fiscal Officer			Date	

GRANT SUBAWARD MODIFICATION

MAIL TO: California Governor's Office Of Emergency Services
 3650 Schriever Ave
 Mather, CA 95655:

1. Subaward #: XC16 01 0420
 2. Modification # 1

3. Subrecipient/Implementing Agency: Santa Barbara County
 4. Project Title: County Victim Services (XC) Program
 5. Contact Person: Shawna Jorgensen Phone: 805-568-2304 Fax: _____
 Email Address: sjorgensen@co.santa-barbara.ca.us 6. Performance Period: 07/01/2016 to 12/31/2019
 7. Payment Mailing Address: 1112 Santa Barbara St. , Santa Barbara CA 93101 Check here if new.

8. Revision to Budget

FISCAL YEAR	Current Allocation Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match 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				\$0	\$0
Proposed Change {add (+) or subtract (-) from budgeted 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 Allocation										
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

9. Justification for Modification: (If necessary, continue the justification on page 3.) Check to Total
 Increase the 2017 VOCA funds by \$358,227 from \$ 0 to \$358,227; Increase the 2017 VOCA match by \$89,557 from \$ 0 to \$89,557; Increase the Total Project Cost by \$447,784 from \$616,456 to \$1,064,240. Additionally, please modify the contact information to replace Kerry Bierman with Michael Soderman as the Financial Officer and add Shawna Jorgensen as the Routine Fiscal Responsibility.

10. Subrecipient Approvals

Joyce E. Dudley Project Director (typed name)	Michael Soderman Financial Officer (typed name)
Project Director Signature	Financial Officer Signature
Date	Date

Cal OES Approval Signatures

Program Specialist	Date	Unit Chief	Date
Grants Processing	Date		

PROJECT CONTACT INFORMATION

Subrecipient: Santa Barbara County District Attorney's Office

Subaward #: XC 16 01 0420

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: Joyce Dudley Title: District Attorney

Telephone #: (805) 568-2306 Fax#: (805) 568-2398 Email Address: jdudley@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

2. The **Financial Officer** for the project:

Name: Michael Soderman Title: Administrative Director

Telephone #: (805) 568-2304 Fax#: (805) 568-2398 Email Address: mdsoderman@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Megan Rheinschild Title: Victim Witness Program Director

Telephone #: (805) 568-2408 & (805) 729-1614 Fax#: (805) 568-2398 Email Address: mriker@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Shawna Jorgensen Title: Business Manager

Telephone #: (805) 568-2303 Fax#: (805) 568-2398 Email Address: sjorgensen@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

5. The **Executive Director** of a Community Based 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 Fax#: (805)568-2398 Email Address: jdudley@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet:

Name: Joyce Dudley Title: District Attorney

Telephone #: (805) 568-2306 Fax#: (805) 568-2398 Email Address: jdudley@co.santa-barbara.ca.us

Address/City/Zip: 1112 Santa Barbara Street, Santa Barbara CA 93101

7. The **chair** of the **Governing Body** of the subrecipient:

Name: Joan Hartmann Title: Chair, Board of Supervisors

Telephone #: (805) 568-2192 Fax#: (805) 568-2883 Email Address: jhartmann@countyofsb.org

Address/City/Zip: 105 East Anapamu, Santa Barbara, CA 93101

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: SANTA BARBARA COUNTY				Subaward#: XC16 01 0420			
B. Operating Expenses	VOCA 15	VOCA 15 MATCH	VOCA 17	VOCA 17 MATCH			COST
							\$0
							\$0
Victim Advocate Training							\$0
Lodging x 4 Advocates x 6 nights @ \$125 = \$3,000	\$3,552		\$2,664	\$888			\$7,104
Per Diem: \$46/day x 6 days x 4 ps = \$1,104							\$0
Airfare: \$750 x 4 Advocates = \$3,000							\$0
							\$0
							\$0
							\$0
							\$0
Mandatory OES Victim Advocate Training	\$2,160		\$1,620	\$540			\$4,320
Lodging x 10 nights x \$95/night x 2 Staff = \$1,900							\$0
Per Diem \$46/day x 10 days x 2 Staff = \$920							\$0
Airfare: \$375 RT SBA/SMF x 2 Staff, x two trips=\$1,500							\$0
							\$0
							\$0
							\$0
							\$0
Computer Purchase x 3							\$0
HP Desktop Elite 840 G2 \$1296	\$2,592		\$1,296				\$3,888
Microsoft Business and Exchange Software \$244	\$488		\$244				\$732
Hardware Support \$75	\$150		\$75				\$225
Monitor \$150	\$300		\$150				\$450
Docking Station, Mouse and Keyboard \$190	\$380		\$190				\$570
							\$0
							\$0
Advocate Phones x 4	\$800						\$800
Data Plan x 4 x 42 months x \$35/month	\$3,360						\$3,360
							\$0
							\$0
Supplemental Background Investigation	\$1,500		\$1,125	\$375			\$3,000
							\$0
Office Furniture							\$0
4 Desks @ \$2,258	\$4,516		\$3,387	\$1,129			\$9,032
4 Chairs @ \$800	\$1,600		\$1,200	\$400			\$3,200
							\$0
2 Victim Witness Additional Workstations	\$49,269		\$39,188				\$88,457
5 False Walls and 2 Doors to Create 2 Workstations							\$0
							\$0
							\$0
							\$0
Resource Card/Brochures	\$2,500		\$3,545	\$886			\$6,931
							\$0
Indirect @10% de minimis (MTDC)	\$53,739		\$40,708				\$94,447
=(S&B (812,403) + Operating Costs (132,070)) x 10%							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
OPERATING SECTION TOTAL	\$126,906	\$0	\$95,392	\$4,218	\$0	\$0	\$226,516
OPERATING SECTION TOTAL							\$226,516

