

# Application Information Form

**Program:**

*Human Trafficking Advocate - HA25*

**Grant Subaward Performance Period:**

01/01/2026 to 12/31/2026

**Subrecipient:**

*County of Santa Barbara - District Attorney's Office*

**Subrecipient UEI:**

*DYLNNV6VBPR7*

**Subrecipient Federal Employer ID:**

*95-6002833*

**Implementing Agency:**

*County of Santa Barbara District Attorney*

**Payment Address****Primary Location of Project/Services****Address**

*1112 Santa Barbara Street*

**Address 2****City:**

*Santa Barbara*

**County:**

*Santa Barbara County*

**Zip Code:**

*93101-2008*

# Contact Information Form

**Navigation Instructions:**

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

**Form Specific Instructions:**

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

## Grant Subaward Contacts

**Grant Subaward Director**

**\* Person:** John Savmoch  
**\* First Name:** John  
**\* Title:** District Attorney  
**\* Phone:** (805) 568-2306  
**\* Address:** 1112 Santa Barbara St  
**\* City:** Santa Barbara  
**\* Last Name:** Savmoch  
**\* Email:** jsavmoch@countyofsb.org  
**\* State:** California  
**\* Zip Code:** 93101-2008

**Grant Subaward Financial Officer**

**\* Person:** Michael Soderman  
**\* First Name:** Michael  
**\* Title:** CFAO  
**\* Phone:** (805) 568-2303  
**\* Address:** 1112 Santa Barbara St  
**\* City:** Santa Barbara  
**\* Last Name:** Soderman  
**\* Email:** Mdsoderman@countyofsb.org  
**\* State:** California  
**\* Zip Code:** 93101-2008

**Grant Subaward Programmatic Point of Contact:**

**\* Person:** Megan Rheinschild  
**\* First Name:** Megan  
**\* Title:** Program Manager  
**\* Phone:** (805) 588-2408  
**\* Address:** 1112 Santa Barbara St  
**\* City:** Santa Barbara  
**\* Last Name:** Rheinschild  
**\* Email:** mriker@countyofsb.org  
**\* State:** California  
**\* Zip Code:** 93101-2008

**Grant Subaward Financial Point of Contact:**

**\* Person:** Michael Soderman  
**\* First Name:** Michael  
**\* Title:** CFAO  
**\* Phone:** (805) 568-2303  
**\* Address:** 1112 Santa Barbara St  
**\* City:** Santa Barbara  
**\* Last Name:** Soderman  
**\* Email:** Mdsoderman@countyofsb.org  
**\* State:** California  
**\* Zip Code:** 93101-2008

**Chair of the Governing Body**

**\* Person:** Other  
**\* First Name:** Laura  
**\* Title:** Chair, Board of Supervisors  
**\* Phone:** (805) 568-2191  
**\* Address:** 105 E Anapamu Street  
**\* City:** Santa Barbara  
**\* Last Name:** Capps  
**\* Email:** lcapps@countyofsb.org  
**\* State:** California  
**\* Zip Code:** 93101

**Grant Subaward Authorized Agent**

- Caressa Stevenson*
- John Savmoch*
- Megan Rheinschild*
- Michael Soderman*

# Grant Subaward Assurances Form

**Navigation Instructions:**

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

**Form Specific Instructions:**

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

## Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
<a href="#">Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf</a>	<input checked="" type="checkbox"/> *
<a href="#">Program Standard Assurance Addendum</a>	<input checked="" type="checkbox"/> *
<a href="#">Standard Certification of Compliance</a>	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. \*

Subrecipient expends \$1,000,000 or more in federal funds annually.

Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

**In the preceding year, did the Subrecipient receive:**

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? \*  Yes  No

# Programmatic Narrative Form

## Navigation Instructions:

- All required fields are marked with an **\***.
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- When done, click the **SAVE** button.

## Narrative Questions/Responses

### Question 1 \*

*Describe the the anti-human trafficking working group your organization participates in and the Victim Witness Advocate's role in the working group.*

*The District Attorney and the Victim-Witness Program Director established a multi-agency Human Trafficking tri-county work group (Ventura, Santa Barbara and San Luis Obispo) in 2013 to share law enforcement information and to address the transit and exploitation of survivors on the Central coast. In 2016 Santa Barbara County formally established a Countywide Human Trafficking Task Force with the Sheriff's Department. The HA Victim Advocate Staff provide direct services and participate on the Task Force and participates on six key committees: Interfaith Collaborative; Housing/Shelter, Education and Outreach, Data and Evaluation and Labor Trafficking Action Committee. Since 2015, staff are part of the Department of Social Services Child Welfare CSEC Steering Committee whose members include Child Welfare, Behavioral Wellness, County Counsel, the District Attorney's Office and Rape Crisis Agencies. Our HA Program Advocate acts as a CSEC Coordinator of services in partnership with Child Welfare Services.*

### Question 2 \*

*Describe the training and direct experience of the Victim Witness Coordinator who supervises the Victim Witness Advocate*

*The Victim Witness Coordinator/Director has had oversight for the Countywide Victim-Witness Assistance Program since 1997 and established the Human Trafficking Task Force in 2016. She has been an advocate for 31 years and handled several cases involving Human Trafficking survivors. She is considered a subject matter expert who provides local and regional trainings on the topic and was invited to do a Ted Talk regarding intervention of Human Trafficking Survivors in 2017. The program also has an experienced advocate who has been assigned as the Human Trafficking Victim Advocate since 2015 and has local expertise working with law enforcement and community partners and understanding of the resources available.*

### Question 3 \*

*Describe how victims/survivors of human trafficking are identified and how their individual needs are assessed. Victims/Survivors of human trafficking are identified through multiple collaborative partners: law enforcement, Child Welfare, Probation, the Sexual Assault Response Team or other non-profit agency referral sources. For minors identified by Child Welfare Services, Victim Advocates are notified, and multidisciplinary team (MDT) meetings are convened to triage difficult cases, discuss appropriate referrals and necessary linkages including, law enforcement involvement, Child Welfare and mental health interventions. The advocate coordinates the County's CSEC Steering committees in partnership with the Department of Social Services Child Welfare and participates in the ad-hoc multidisciplinary meetings attended by Probation, Child Welfare, Behavioral Wellness, and the District Attorney's Office. The District Attorney's Office is the lead on a developing multi-agency system, ESCARS, for electronic reporting of suspected child abuse. Our office is working with local law enforcement agencies to migrate to this web-based reporting platform. It is a critical tool to share updated law enforcement and child welfare historical and case status information between law enforcement, Child Welfare, and the District Attorney's Office regarding minors suspected of exploitation.*

### Question 4 \*

*Describe how your organization collaborates with local, state, and federal law enforcement, local public agencies, victim service providers, and non-profit organizations to enhance or expand service delivery to victims/survivors of human trafficking.*

The HA staff, including the VW Coordinator, Supervisor, and Advocate, provide oversight and actively participate on the Countywide Human Trafficking Task Force, which includes local law enforcement and federal law enforcement (FBI, and Homeland Security). We also work closely with Paul Chang, who is the Regional Anti-Human Trafficking Coordinator for the US Department of Labor Wage and Hour Division. We coordinate victim services with local law enforcement when they identify a victim of human trafficking and/or conduct proactive operations. Regionally we participate in Statewide human trafficking operations with the Los Angeles Area Task Force providing law enforcement and victim supports. Our HA Advocate works directly with the Juvenile Courts and Behavioral Wellness to identify youth identified in the Juvenile Justice System who are at risk of exploitation. Partners include the Public Defender, District Attorney, Child Welfare, Juvenile Probation, and the courts, whose goal it is to develop service delivery plans to divert youth out of the criminal justice system and into trauma informed services. The Advocate also works closely with the local Rape Crisis Center Advocates to coordinate service delivery.

**Question 5 \***

Describe how crisis intervention is provided to victims/survivors of human trafficking.

The advocate is a point of contact for crisis intervention to victims of human trafficking referred by any of the stakeholder agencies. The advocate works closely with law enforcement affording the ability to intervene early and provide emotional support in person (for walk-ins) or telephonically when there is a suspicion of human trafficking. The advocate will accompany law enforcement for the initial interview and provides crisis intervention in the field to the primary and secondary (family/guardian) victims. The advocate performs field visits upon request of stakeholder partners.

**Question 6 \***

Describe how emergency assistance is provided to to victims/survivors of human trafficking.

Local law enforcement, Rape Crisis, Child Welfare Services, Probation, and Juvenile Court staff routinely refer cases to our HA Advocate to access emergency victim assistance. The VW Program has a Victim Emergency Fund accessible to victims. Assistance can include securing temporary housing (hotel vouchers and shelter), tangible goods services (go-bags), food, and arranging flexible emergency funding assistance and transportation through our faith partners as necessary.

**Question 7 \***

Describe the resource and referral assistance provided to victims/survivors of human trafficking.

Victim advocates provide resource and referrals to agencies throughout Santa Barbara and California, for services for survivors of trafficking living within and outside the county. We partner with the North County Rape Crisis Center whose advocates are available to meet the needs of survivors 24 hours a day. Legal Aid Foundation, Santa Barbara County Lawyer Referral Service, and the Legal Resource Center in Santa Barbara County Superior Court, are each available to offer legal guidance. Legal Aid provides assistance with T Visas for trafficked survivors.

**Question 8 \***

Describe how counseling/therapy is provided to victims/survivors of human trafficking.

Mental health counseling is provided by several partner agencies throughout our county. The Department of Behavioral Wellness provides services to those suffering from severe mental illness. Triage is provided through their Access Team (i.e., 24-hour mental health professionals, who we coordinate with to route individuals to appropriate care depending upon the urgency).

Our two Rape Crisis Centers provide 24-hour advocacy, and long-term trauma informed counseling. Child Abuse Listening and Mediation (CALM) provides countywide mental health services to minor victims and is a collaborative partner with the Sexual Assault Response Team. CALM is the primary non-governmental provider of mental health services and trauma informed care to children. CALM accepts victim compensation benefits for victims of trafficking and employs a psychiatrist who has been a resource to minor victims of trafficking.

**Question 9 \***

Describe how victims/survivors of human trafficking are assisted with property return.

The advocate is the point of contact for victims requesting property return. The advocate acts as a liaison between the victim, DDA, and law enforcement, and obtains authorization for property release. The advocate ensures secure return of property, when not needed for investigative or prosecution purposes. The advocate will send property to victims who live outside the area following completion of the case.

**Question 10 \***

Describe how victims/survivors of human trafficking are provided with information about the criminal justice system. Include details about information provided to victims/survivors with limited English proficiency.

Advocates are a resource for victims/survivors regarding the criminal justice system and provide a road map to the victim regarding their role and engagement in the process. Upon receiving a victim referral, the advocate serves as a resource to victims/survivors providing verbal information on the location, procedures, terminology, and functioning of the criminal justice system. The advocate provides this information through the case disposition. We offer printed information in Spanish and English, including Marsy's Law brochures.

The primary advocate is bilingual in Spanish and English, and our office has a contract with Language Line and a local cadre of Mixteco translators when the survivor victim speaks a language other than Spanish.

**Question 11 \***

Describe how victims/survivors of human trafficking are provided with physical accompaniment during their court appearances.

Upon request of the victim, the advocate provides ongoing support during court appearances and interviews with prosecutors and law enforcement. When requested, the advocate will transport and physically accompany the victim to the courtroom. If the victim requests to be present or speak at any proceeding in compliance with Marsy's Law, the advocate provides accompaniment.

**Question 12 \***

Describe outreach efforts to make criminal justice agencies aware of the services and resources available through the Center and the Program.

The advocate is an integral member of the countywide Anti-Trafficking Task Force and is co-located at the Santa Maria Police Department. By virtue of the advocate's proximity to the primary law enforcement agency and participation on the countywide Task Force during the last nine years, criminal justice agencies are aware of the services and resources available through the HA Program. The advocate and the Program Supervisor are on-call and relied upon during proactive investigations for advocacy and services. They both provide regular training and outreach to local service groups, social service organizations, and stakeholder partners. Written informational cards and brochures are available to law enforcement agencies throughout the county.

**Question 13 \***

Describe outreach efforts to increase community awareness of the services available through the Center and the Program. The HA Program staff provide ongoing outreach and education. The County Anti-Trafficking Task Force has a standing "Education and Outreach" Committee comprised of the HA Program Advocates, community, and faith based organizational partners. The goal of the Education Action group is to provide basic HT 101 and advanced HT trainings countywide, collect data regarding trainings provided, and avoid duplication of efforts. Currently, we are working with the schools to provide targeted sex trafficking awareness training to staff/administrators and counselors. We continue to develop/improve identification, screening, and referral protocols. Furthermore, our program works collectively with the Task Force to outreach to vulnerable labor trafficking populations, and conducting a needs assessment to identify strategy for providing information and supports to at risk populations.

**Question 14 \***

Describe how your organization provides case status updates to victims/survivors.

The Program staff provide victims with information regarding custody status, case status, and pre and post disposition information. We liaise with the County Jail staff and CDCR for inmate information and parole status. The advocate provides an explanation of each court appearance, information about outcomes, protective orders and/or change of plea. When a resentencing hearing occurs, the advocate informs victims of Post Conviction updates, allowing the victim to be present and informed.

**Question 15 \***

Describe how your organization notifies family, friends, and employers that a crime has been committed against a victim/survivor of human trafficking.

Upon request, program staff may notify a victim's relatives and friends of the occurrence of a crime and/or the condition of the victim. Upon request, program staff intervene with an employer to mitigate any loss of pay or benefits where the occurrence of the crime has caused an employee to lose time related to the case, including the need to testify.

**Question 16 \***

Describe how your organization provides restitution advocacy for victims/survivors of human trafficking.

Program staff assist victims to identify restitution information to provide to the court for consideration for restitution orders prior to disposition. This can include medical, mental health, income and material losses. The advocates assist with victim compensation claims.

**Question 17 \***

Describe your organization's referral system for providing linkage to public and private agencies, social services/human assistance agencies, schools, mental health, healthcare providers, and other services for victims/survivors of human trafficking.

Over the past 12 years, we have developed a core group of service providers, who participate in multidisciplinary team meetings. The goal of these specialized gatherings is to ensure that we identify needs, and link victims to services. The advocates act as a resource for a victim identified by law enforcement, Child Welfare Services, or other referral sources. For minors identified by Child Welfare Services, Victim Advocates are immediately contacted, and a multidisciplinary team (MDT) meeting is scheduled to discuss appropriate referrals and necessary linkages including, law enforcement involvement, Child Welfare, and mental health interventions. The advocate coordinates the County's CSEC Steering committees in partnership with the Department of Social Services Child Welfare and participates in the ad-hoc multidisciplinary meetings attended by Probation, Child Welfare Services, Behavioral Wellness, and the District Attorney's Office. The District Attorney's Office is lead on a developing multi-agency system, ESCARS, for electronic reporting of suspected child abuse. We are working with local law enforcement agencies to migrate to this web-based reporting platform. It is a critical tool to share updated law enforcement and child welfare historical and case status information between law enforcement, Child Welfare Services, and the District Attorney's Office regarding minors suspected of exploitation.

**Question 18 \***

Describe how volunteers are used to accomplish the goals of the Program. If volunteers are not used, provide a justification for why a volunteer waiver is needed.

We utilize local volunteers and work with the Human Task Force affiliated agencies to assist the program in meeting the goals and objectives. Volunteers provide community outreach, including identifying and scheduling training opportunities and coordinating speaking engagements throughout the county.

# Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	>5 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	3-5 years
How many grants does your organization currently receive?	3-10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$2,800,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	Yes
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	Yes

# Funding Source Allocation

**Instructions:**

- Please be sure to review page for accuracy.

## Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2025 VCGF	2025	State	\$64,239	\$0	\$64,239	\$64,239	\$0	\$0	\$64,239
2025 VOCA	2025	Federal	\$82,761	\$0	\$82,761	\$82,761	\$0	\$0	\$82,761
			\$147,000	\$0	\$147,000	\$147,000	\$0	\$0	\$147,000

# Budget Cost Categories

## Cost Form Selection(s)

- Personnel Costs**
- Volunteer Costs**
- Contractor/Consultant Costs**
- Rent Costs**
- Travel Costs**
- Equipment Costs**
- Financial Assistance For Client's Costs**
- Second-Tier Subward Costs**
- Audit Costs**
- Indirect Costs**
- Other Operating Costs**
- Match Waiver**

2-159 VOCA Match Waiver Match Request Form CAL OES HA24.pdf

# Personnel Budget Category Form

**Navigation Instructions:**

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Personnel Costs

**Budget/Project Line-Item \***

VW Program Supervisor  
**Description \***

*Supervises and assists the Advocate with all case management and advocacy efforts. Performs trainings and provides public outreach for human trafficking.*

FTE *	Full-Time Equivalent in Hours	/X/Salary		Hours of Full-Time Workweek *
		Salary Per Month *	Number of Months *	
		\$9,184.00	12.00	40.00
0.4100	2,080			\$45,185
Does this position provide benefits? *				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Benefits Percentage *</b>				<b>Benefits Calculation</b>
35.00 %				\$15,815
<b>Benefits Description *</b>				

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

\$61,000

## Fund Source Allocations

**Fund Source Allocations Instructions**

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	\$33,261		\$0	\$33,261			Not Applicable
2025 VCGF	2025	State	\$27,739		\$0	\$27,739			
				\$61,000		\$0		\$0	\$0

# Personnel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
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## Personnel Costs

### Budget/Project Line-Item **\***

*Victim Witness Assistant*  
**Description \***

*The VW Assistant (advocate) is available countywide to provide timely services to suspected victims and works closely with law enforcement and community partners to provide the full range of mandated and optional Victim/Witness services including victim compensation assistance. The VW Assistant's focus is responsible for outreach activities to the targeted community and all direct provision of comprehensive Victim/Witness services, and ongoing intensive case management and advocacy efforts.*

<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Salary	Hours of Full-Time Workweek *
FTE *	Salary Per Month *	Number of Months *
	\$8,024.70	12.00
		40.00
	Full-Time Equivalent in Hours	Salary Calculation Total
0.5000	2,080	\$48,148
Does this position provide benefits? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Benefits Percentage *</b>		<b>Benefits Calculation</b>
35.00 %		\$16,852
<b>Benefits Description *</b>		
<i>Retirement, FICA, Medicare, Health Insurance</i>		
<b>Calculation Total (Includes Benefits if provided)</b>		
\$65,000		

## Fund Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	\$37,500		\$0	\$37,500			Not Applicable
2025 VCGF	2025	State	\$27,500		\$0	\$27,500			
				\$65,000		\$0	\$0		\$0 \$65,000

# Travel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

*Travel*  
**Budget/Project Line-Item \***

*Regional Trainings (1 Staff)*  
**Description \***

*Lodging for training - 4 nights @ \$211.50 = \$846*

**In State**

**Out of State**

**Staff Traveling \* Travel Cost Per Staff \***

1                   \$846.00

**Calculation Total \***

\$846.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	\$846		\$0	\$846		Not Applicable	
				\$846		\$0		\$0	\$846

# Indirect Budget Category Form

## Indirect Costs

**Budget/Project Line-Item**

*MTDC @ 15% De Minimis*

**Indirect Cost Rate**

*15% De Minimis*

**Description/Justification**

*15% Used for Overhead Costs, Administrative Salary, Utilities, IT Software, Office Supplies, Printing and Other*

**Calculation Method**

*(Personal \$127,500) + (Operating \$1,826) x .15% =  
\$19,174*

**Calculation Total**

*\$19,174*

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2025 VOCA	2025	Federal	\$10,174			\$0	\$10,174	
2025 VCGF	2025	State	\$9,000			\$0	\$9,000	
			\$19,174	\$0	\$0	\$0	\$19,174	

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
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## Other Operating Costs

### Budget/Project Line-Item **\***

#### *Cell Phone Service* Description/Justification **\***

*Monthly cell phone service for staff assigned to program*  
Calculation Description **\***

Calculation Total **\***

*Monthly service cost is \$40 per month x 12 months per year = \$480*

\$480

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	\$480		\$0	\$480		Not Applicable	
				\$480		\$0		\$0	\$480

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
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- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
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## Other Operating Costs

### Budget/Project Line-Item **\***

*Human Trafficking Summit*  
Description/Justification **\***

*Registration for annual Human Trafficking Summit*  
Calculation Description **\***

Calculation Total **\***

*Registration cost for 1 advocate = \$500*

\$500

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	\$500		\$0	\$500			Not Applicable
				\$500		\$0		\$0	\$500

# Application Signatures Form

## Assurances/Signatures

### **Authorized Body of Five \***

This certifies that each member of the Approval Authority has approved the HSGP application for funding.

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

This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

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

### **Standard Certification of Compliance \***

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### **Program Standard Assurance Addendum \***

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

### **Grant Subaward Assurances \***

By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### **California Public Records Act \***

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

### **Upload California Public Records Act Exemption**

#### **Authorized Agent**

Name:

Signature:

Title:

Date: