

## Application Information Form

**Program:***Unserved Underserved Advocacy - UV24***Grant Subaward Performance Period:***01/01/2025 to 12/31/2025***Subrecipient:***County of Santa Barbara - District Attorney's Office***Subrecipient UEI:***DYLNNV6VBPR7***Subrecipient Federal Employer ID:***95-6002833***Implementing Agency:***County of Santa Barbara District Attorney***Payment Address***1112 SANTA BARBARA ST  
SANTA BARBARA  
California  
Santa Barbara County  
93101-2008***Primary Location of Project/Services****Address***1112 Santa Barbara Street***City:***Santa Barbara***Address 2****County:***Santa Barbara County***Zip Code:***93101-2008*

# Contact Information Form

**Navigation Instructions:**

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

**Form Specific Instructions:**

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

## Grant Subaward Contacts

**Grant Subaward Director**

<b>First Name:</b>	<i>John</i>	<b>Last Name:</b>	<i>Savmoch</i>		
<b>Title:</b>	<i>District Attorney</i>	<b>Email:</b>	<i>jsavmoch@countyofsb.org</i>		
<b>Phone:</b>	<i>(805) 568-2308</i>	<b>State:</b>	<i>California</i>	<b>Zip Code:</b>	<i>93101-2008</i>
<b>Address:</b>	<i>1112 Santa Barbara Street</i>				
<b>City:</b>	<i>Santa Barbara County</i>				

**Financial Officer**

<b>Name:</b>	<i>Michael</i>	<b>Last Name:</b>	<i>Soderman</i>		
<b>Title:</b>	<i>Chief Financial Officer</i>	<b>Email:</b>	<i>msoderman@countyofsb.org</i>		
<b>Phone:</b>	<i>(805) 568-2303</i>	<b>State:</b>	<i>California</i>	<b>Zip Code:</b>	<i>93101-2008</i>
<b>Address:</b>	<i>1112 Santa Barbara Street</i>				
<b>City:</b>	<i>Santa Barbara</i>				

**Programmatic Point of Contact:**

<b>Name:</b>	<i>Megan</i>	<b>Last Name:</b>	<i>Rheinschild</i>		
<b>Title:</b>	<i>Victim Witness Program Director</i>	<b>Email:</b>	<i>mriker@countyofsb.org</i>		
<b>Phone:</b>	<i>(805) 568-2408</i>	<b>State:</b>	<i>California</i>	<b>Zip Code:</b>	<i>93101-2008</i>
<b>Address:</b>	<i>1112 Santa Barbara Street</i>				
<b>City:</b>	<i>Santa Barbara</i>				

**Financial Point of Contact:**

<b>Name:</b>	<i>Michael</i>	<b>Last Name:</b>	<i>Soderman</i>		
<b>Title:</b>	<i>Chief Financial Officer</i>	<b>Email:</b>	<i>msoderman@countyofsb.org</i>		
<b>Phone:</b>	<i>(805) 568-2303</i>	<b>State:</b>	<i>California</i>	<b>Zip Code:</b>	<i>93101-2008</i>
<b>Address:</b>	<i>1112 Santa Barbara Street</i>				
<b>City:</b>	<i>Santa Barbara</i>				

**Chair of the Governing Body**

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

**Grant Subaward Authorized Agent**

*Caressa Stevenson*

## Grant Subaward Assurances Form

## Applicable Grant Subaward Assurances

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

Assurance	Acknowledgement
<a href="#">Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</a>	<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

## Narrative Questions/Responses

### Question 1

*Describe how crisis intervention services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period. Our Advocate is Spanish Speaking and Bicultural. The Detective Divisions of each of the local law enforcement agencies routinely contact Victim Witness Advocates directly to provide crisis intervention shortly after the crime and during the initial stages of an investigation. When necessary, our staff engage MICOP when a victim is indigenous speaking, to facilitate timely crisis intervention and counseling support. MICOP is available in person and tele/video conferencing as needed. This is especially important when a victim/survivor is in crisis. On a recent occasion, MICOP was critical in supporting the parents in an infant death investigation conducted by the Santa Maria Police Department.*

### Question 2

*Describe how counseling services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period. The Advocates provide referrals to qualified clinical bicultural therapists who offer privileged communications per California Law. The Victim Witness Program maintains a list of qualified bi-cultural therapists who have the skills and abilities providing trauma informed counseling to victims of crime. Per office policy, the Program Advocates provide no less than 3 referrals to qualified therapists.*

### Question 3

*Describe how outreach services will be provided to the identified unserved/underserved victim/survivor crime group(s). Program staff continue to conduct outreach in a variety of ways. Historically, staff participated in annual events hosted by local farmers/ranchers. Thousands of workers and their families attended to receive information regarding community resources, and service providers, including the Victim-Witness Assistance Program UV Advocates. Staff also have a working relationship with the US Customs and Immigration, and the Mexican Consulate. Advocates are invited to attend informational sessions in Santa Maria. This has been a valuable opportunity to engage with the Immigrant Community and explain victims/survivors' rights and available services. Furthermore, the District Attorney's Office Victim-Witness Program Director is the county's certifying official for UVISA petitions for victims of violent crime seeking a path to residency. The community is made aware of this service via outreach opportunities, such as those hosted by the Mexican Consulate and USCIS. These partnerships also teach the community that while UV Advocates are housed at the District Attorney's Office, we act as a valuable victim service resource. UV Program staff have historically used Radio to provide information to the community regarding criminal justice support, advocacy, and victim/survivor services. Staff seek opportunities to participate in radio outreach to increase access to services, and inform victims/survivors of their rights, services, and criminal justice information.*

### Question 4

*Describe how criminal justice support and advocacy services will be provided to the identified unserved/underserved victim/survivor crime group(s). The District Attorney's Office Victim-Witness Assistance Program provides comprehensive mandatory and optional services including, but not limited to orientation to the criminal justice system, case status, victims' rights advocacy, and victim compensation assistance in accordance with PC 13835. The County Board of Supervisors designates our office as the provider of services to Victims of Crime in the community. Our primary source of referrals is law enforcement. All criminal cases are sent to the office for filing consideration. In addition, the Victim Witness Program receives referrals from the Detective Divisions of each of the local law enforcement agencies prior to a completed investigation or a filing consideration when there is no arrest/suspect. We also have a Victim Advocate co-located at the Santa Maria Police Department who provides early intervention to victims of crime whose cases are unsolved or haven't been referred to our office due to lack of a suspect.*

### Question 5

*Describe the plan to assist unserved/underserved victims/survivors of crime with applying for compensation benefits through the California Victim Compensation Board. Our Victim-Witness Assistance Program has a Joint Powers Contract with the State Victim Compensation Board. Advocates assist victims immediately with claim completion, and expedite processing locally, including, but not limited to emergency relocation and funeral burial expenses. The Victim Witness Assistance Program also has a discretionary Victim Emergency Fund to assist victims with material needs such as emergency housing, food, clothing and transportation.*

### Question 6

*Describe the plan to maintain staff that are suitably equipped to execute all program components. The UV Program has tenured staff with multiple years of experience assigned to the UV Grant since 2010. The UV Program has built sustainable relationships that have facilitated relationships and trust with the Spanish Speaking and Indigenous communities. Notwithstanding grant funding, the value of the relationships has yielded greater access to law enforcement, the District Attorney's Office and the Victim Witness Assistance Program. Victims who were previously underserved, and would not access law enforcement, the DA's office or the courts, now routinely reach out to Victim-Witness for resource/referral counseling, guidance within the criminal justice system, translation assistance, and UVISA certification help. We continue to build a network of culturally and linguistically competent providers through MICOP, Herencia Indigena, and LIderes Campensinas, who will inform our work and enhance access beyond the grant period.*

### Question 7

*Describe how cultural sensitivity training specific to the identified victim/survivor population is provided for all staff. Advocates will attend culturally competency training related to the indigenous population. The Victim-Witness Program utilizes Herencia Indigena, an indigenous non-profit organization that partners with Dignity Health (The Central Coast Hospital/Health Provider). They provide Cultural Competency/Trauma Informed Training for social service providers. Herencia has conducted webinars for our staff regarding effective strategies to engage the indigenous community. They continue to be a training resource for our program and DA Staff. Their staff are indigenous members of our target community and are a linkage to the community. Our program also coordinates cultural awareness/trauma informed training within the non-profit organization, MICOP (Mixteco Indigenous Community Organizing Project) of the central coast.*

### Question 8

*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. The program utilizes volunteers who provide direct services, send case notification, criminal protective orders, and victim-witness program information to victims.*



## Subrecipient Risk Assessment Form

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

How many years of experience does your current grant manager have managing grants?	>5 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	3-5 years
How many grants does your organization currently receive?	3-10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$2,900,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	Yes
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	Yes

## Operational Agreements Form

<b>Participating Agency/Organization</b>	<b>Date Signed</b>	<b>Start Date</b>	<b>End Date</b>
<i>Santa Maria Police Department</i>	<i>01/18/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Lideres Campesinas</i>	<i>02/07/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>North County Rape Crisis and Child Protection Cente</i>	<i>01/25/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>SB County Sheriff's Department</i>	<i>01/19/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Dignity Health</i>	<i>01/16/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>
<i>Domestic Violence Solutions</i>	<i>01/17/2023</i>	<i>01/01/2023</i>	<i>12/31/2027</i>

## Funding Source Allocation

## Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In-Kind Match Amount	Total Project Costs
2024 VCGF	2024	State	\$88,017	\$0	\$88,017	\$88,017	\$0	\$0	\$151,017
2024 VOCA	2024	Federal	\$108,889	\$0	\$108,889	\$108,889	\$0	\$0	\$45,889
			\$196,906	\$0	\$196,906	\$196,906	\$0	\$0	\$196,906



## 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

*UV24 VOCA Match Waiver Request Form.pdf*

# Personnel Budget Category Form

**Navigation Instructions:**

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

## Personnel Costs

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

VW Program Advocate  
**Description \***

The 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 Advocate'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.

**Hourly**

		Salary Per Month *	Number of Months *	Hours of Full-Time Workweek *
		\$7,808.65	12.00	40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>			
1.0000	2,080			
Does this position provide benefits? *			%	
				Salary Calculation Total
				\$93,704
				[X]Yes No
<b>Benefits Percentage *</b>				<b>Benefits Calculation</b>
35.00 %				\$32,796
<b>Benefits Description *</b>				
Retirement, FICA, Medicare, Health Insurance				
<b>Calculation Total (Includes Benefits if provided)</b>				
\$126,500				

## Fund Source Allocations

**Fund Source Allocations Instructions**

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

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$63,000	\$	\$0	\$63,000	\$		Not Applicable
2024 VCGF	2024	State	\$63,500	\$	\$0	\$63,500	\$		
				<b>\$126,500</b>		<b>\$0</b>		<b>\$0</b>	<b>\$126,500</b>

# Personnel Budget Category Form

**Navigation Instructions:**

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- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Personnel Costs

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

VW Program Advocate  
**Description \***

The 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 Advocate'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.

**Hourly**

		Salary Per Month *	Number of Months *	Hours of Full-Time Workweek *
		\$7,887.50	12.00	40.00
<b>FTE *</b>	<b>Full-Time Equivalent in Hours</b>			
0.3500	2,080			
Does this position provide benefits? *			%	
				<b>Salary Calculation Total</b>
				\$33,128
				<input checked="" type="checkbox"/> Yes      No
<b>Benefits Percentage *</b>				<b>Benefits Calculation</b>
35.00 %				\$11,595
<b>Benefits Description *</b>				
Retirement, FICA, Medicare, Health Insurance				
<b>Calculation Total (Includes Benefits if provided)</b>				
	\$44,723			

## Fund Source Allocations

**Fund Source Allocations Instructions**

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

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 VOCA	2024	Federal	\$30,206	\$	\$0	\$30,206	\$		Not Applicable
2024 VCGF	2024	State	\$14,517	\$	\$0	\$14,517	\$		
				<b>\$44,723</b>		<b>\$0</b>		<b>\$0</b>	<b>\$44,723</b>

## 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** $(\text{Personnel } \$171,223) + (\text{Operating } \$0) * 15\% = \$25,683$ **Calculation Total**

\$25,683

## Funding Source Allocations

Funding Source Name	Fiscal Year	Type	Amount	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements
2024 VOCA	2024	Federal	\$15,683	\$	\$	\$0	\$15,683	\$
2024 VCGF	2024	State	\$10,000	\$	\$	\$0	\$10,000	\$
			<b>\$25,683</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,683</b>	

# Application Signatures Form

## Assurances/Signatures

### Proof of Authority \*

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

### Standard Certification of Compliance \*

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

### Program Standard Assurance Addendum \*

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

### Fund Assurances \*

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

### California Public Records Act \*

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq. Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

### Authorized Agent

<b>Name:</b>	<i>John Savmoch</i>	<b>Title:</b>	<i>District Attorney</i>
<b>Signature:</b>	<i>John Savmoch</i>	<b>Date:</b>	<i>10/22/2024</i>