

Application Information Form

Program:*Victim/Witness Assistance - VW24***Grant Subaward Performance Period:**

10/01/2024

to

09/30/2025

Subrecipient:*County of Siskiyou - District Attorney's Office***Subrecipient UEI:**

MAMFUZJB618

Subrecipient Federal Employer ID:

94-6000537

Implementing Agency:*County of Siskiyou - District Attorney's Office***Payment Address**

PO BOX 986

YREKA

California

Siskiyou County

96097-0986

Primary Location of Project/Services**Address**

PO Box 986 - 311 4th Street, Room 204

City:

Yreka

Address 2**County:**

Siskiyou County

Zip Code:

96097-0986

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.

Grant Subaward Contacts

Grant Subaward Director

First Name: J. Kirk
Title: District Attorney
Phone: (530) 842-8125
Address: PO Box 986-311 4th Street, Room 204
City: Yreka

Last Name: Andrus
Email: kandrus@siskiyouda.org
State: California **Zip Code:** 96097-0986

Financial Officer

Name: Diane
Title: Auditor-Controller
Phone: (530) 842-8060
Address: 311 4th Street, Room 101
City: Yreka

Last Name: Olson
Email: dolson@co.siskiyou.ca.us
State: California **Zip Code:** 96097-2947

Programmatic Point of Contact:

Name: Cynthia
Title: Victim Services - Coordinator
Phone: (530) 842-8225
Address: PO Box 986 - 311 4th Street, Room 204
City: Yreka

Last Name: Billingsley
Email: cbillingsley@siskiyouda.org
State: California **Zip Code:** 96097-0986

Financial Point of Contact:

Name: Mary Ann
Title: Administrative Services Manager
Phone: (530) 842-8131
Address: PO Box 986 - 311 4th Street, Room 204
City: Yreka

Last Name: Hall
Email: mhall@siskiyouda.org
State: California **Zip Code:** 96097-0986

Chair of the Governing Body

Name: Michael N.
Title: Chair of the Board of Supervisors
Phone: (530) 842-8005
Address: PO Box 750 - 1912 Fairlane Road
City: Yreka

Last Name: Kobseff
Email: mkobbseff@co.siskiyou.ca.us
State: California **Zip Code:** 96097-0750

Grant Subaward Authorized Agent

James Andrus

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
<u>Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</u>	<input checked="" type="checkbox"/>
<u>Program Standard Assurance Addendum</u>	<input checked="" type="checkbox"/>
<u>Standard Certification of Compliance</u>	<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

Briefly describe the plan to provide all mandatory services outlined in the VW Supplemental Program Components and indicate any significant changes to your Program for the 2024-25 Grant Subaward performance period.

The following services are provided to all crime victims and their family members pursuant to the California Penal Code section 13835 as part of our comprehensive Victim Witness Assistance Program. Crisis Intervention, emergency assistance, resource and referral assistance, referrals to direct counseling/therapy, assistance with California Victim Compensation Program claims, property return, orientation to the criminal justice system, court escort, presentations and training for criminal justice agencies, public presentations, and publicity, advise of case status and disposition. When requested notification of family/friends, inform employer and employer intervention, and assist in obtaining restitution. Optional services will be provided as needed and /or available.

To provide these services we will make initial contact with victims via telephone, text, email, or mail correspondence and or personal contact as soon after the crime as possible and/or when we receive a referral. Whenever needed and as feasible we will try to conduct field visits to those victims who are unable to meet with us in our office.

Question 2

This section is for additional space to answer Question 1.

We have Operational Agreements between Siskiyou Domestic Violence and Crisis Center and the Siskiyou County Human Services Department. We work together with these agencies to provide concentrated advocacy services for domestic violence, sexual assault, and child crime victims.

The Victim Services Program will continue to maintain good working relationships with law enforcement agencies and other agencies throughout Siskiyou County. We will maintain and participate as a member of various organizations to network with other agencies to better serve victims and their families. Presentations will be offered to agencies, organizations, and at community meetings on the importance of services our program has to offer to all victims of crime.

We will take advantage of the latest trainings and webinars to better our education and skills regarding issues revolving around crime victims and assistance that we can provide for them. Our program will budget for untrained Advocates to Attend Victim Advocate and Crisis Response and Human Trafficking training.

The main significant change is that we will operate with one less advocate. We also intend to ramp up our outreach efforts.

Question 3

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.

Our program offers the following optional services; witness notification, funeral arrangements, provide crime prevention information, witness protection, transportation for court dates and forensic exams, and provide a court waiting area.

Question 4

Provide a brief status update of the VW Center's crisis response and Mass Victimization (MV) Assistance plan for crime-related MV/terrorism incidents. Include after hours contact information.

The Siskiyou County VW Center has made progress in being included in the County's plan for response to Mass Victim Incidents. We have done and will continue to do presentations to our community partners to make them aware of our role and availability to provide victim's of these crimes and their family members services pursuant to California Penal Code section 13835.5 and Penal Code sections 679-680. Advocates will continue to attend MVA roundtable meetings either in person or virtually. Advocates will also continue to seek training as needed.

After hour contact information for MV/Terrorism incidents is: Cynthia Billingsley (530)340-5574.

Question 5

Describe how volunteers are used to support the Program. If volunteers are not used, email a completed Volunteer Waiver Request to your Grants Analyst for approval and upload the approved copy to your VW24 Application.

Our program utilizes one volunteer. She is a senior citizen and faithfully comes to the office 1-3 times per week as needed. She has been our volunteer since September of 2008. Her time is documented on an employee type of timecard. Background checks are done, and a county volunteer packet is submitted to our personnel department. Some of her duties include printing, folding, and distributing crime prevention information and brochures about our program. She sorts old dated material and shreds old reports and files.

Question 6

List information for all field offices in the county including address, telephone numbers, employees assigned to the office, and supervisor(s) contact information.

The only Victim Witness Service office in Siskiyou County is located at 311 4th Street, Room 204, Yreka, California 96097. Our mailing address is PO Box 986, Yreka, CA 96097-0986. Our main telephone number is (530)842-8229. The Victim Witness Coordinator is Cynthia Billingsley (530)842-8225, cbillingsley@siskiyouda.org. Our full time advocate is Maria Branigin (530)842-8230, mbranigin@siskiyouda.org, and our part time advocate is Karen Simas (530)842-8142. ksimas@siskiyouda.org.

Question 7

This section is for additional space to answer Question 6.

There are no other advocates for this office.

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?	<3 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
How many grants does your organization currently receive?	1-3 grants
What is the approximate total dollar amount of all grants your organization receives?	\$20,907,402
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

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Siskiyou Domestic Violence & Crisis Center</i>	<i>04/12/2022</i>	<i>10/01/2022</i>	<i>09/30/2027</i>
<i>Siskiyou County Human Services - Child Protective Services</i>	<i>05/05/2022</i>	<i>10/01/2022</i>	<i>09/30/2027</i>

Funding Source Allocation

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Available	Available Funding Total	Funding Requested	Cash Match Amount Requested	In-Kind Match Amount Requested	Total Project Costs
2024 VCGF	2024	State	\$126,998	\$0	\$126,998	\$126,998	\$0	\$0	\$126,998
2024 VOCA	2024	Federal	\$157,503	\$0	\$157,503	\$157,503	\$0	\$0	\$157,503
2024 VWA0	2024	State	\$29,104	\$0	\$29,104	\$29,104	\$0	\$0	\$29,104
			\$313,605	\$0	\$313,605	\$313,605	\$0	\$0	\$313,605

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

VW24 Siskiyou County Match Waiver Request.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 *

Extra Help Advocate II
Description *

The Extra Help Advocate II has a case load and covers the office when the Coordinator and other advocate are out of the office.

<input checked="" type="checkbox"/> Hourly		Salary		
Pay per Hour *	Number of Hours/Week *		Number of Weeks *	Hours of Full-Time Workweek *
\$				30.50
	Full-Time Equivalent in Hours	FTE	Salary Calculation Total	
	1,586	%	\$25,138	
Does this position provide benefits? *		Benefits Calculation	<input checked="" type="checkbox"/> Yes	No
Benefits Percentage *				
1.45%		\$365		
Benefits Description *				
OASDI/FICA				
Calculation Total (Includes Benefits if provided)				
\$25,503				

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	\$16,883	\$	\$0	\$16,883	\$		<i>Not Applicable</i>
2024 VCGF	2024	State	\$6,380	\$	\$0	\$6,380	\$		
2024 VWA0	2024	State	\$2,240	\$	\$0	\$2,240	\$		
				\$25,503		\$0		\$0	\$25,503

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

Unemployment Insurance
Description *

Unemployment Insurance amount given to our department from Siskiyou County.
Hourly

	Salary Per Month *	<input checked="" type="checkbox"/> Salary	Hours of Full-Time Workweek *
	\$	Number of Months *	1.00
FTE *	Full-Time Equivalent in Hours	%	Salary Calculation Total
	52		\$119
Does this position provide benefits? *			Yes
Calculation Total (Includes Benefits if provided)			<input checked="" type="checkbox"/> No
			\$119

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	\$40	\$	\$	\$0	\$40		<i>Not Applicable</i>
2024 VWA0	2024	State	\$79	\$	\$	\$0	\$79		
				\$119		\$0	\$0	\$0	\$119

Personnel Budget Category Form

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- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Witness Advocate II
Description *

Victim Witness Advocate II has a case load, shares the mass victim advocate duties, prepares informational displays, and assists with gathering statistics.

<input checked="" type="checkbox"/> Hourly	Salary			
Pay per Hour *		Number of Weeks *	Hours of Full-Time Workweek *	
\$			40.00	
	Full-Time Equivalent in Hours	FTE	Salary Calculation Total	
	2,080	%	\$10,501	
Does this position provide benefits? *			<input checked="" type="checkbox"/> Yes	No
Benefits Percentage *		Benefits Calculation		
84.80 %		\$8,905		
Benefits Description *				

OASD/FICA, PERS, GASB45/75, GASB68, Health
Calculation Total (Includes Benefits if provided)

\$19,406

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	\$7,484	\$	\$0	\$7,484	\$		<i>Not Applicable</i>
2024 VCGF	2024	State	\$5,490	\$	\$0	\$5,490	\$		
2024 VWA0	2024	State	\$6,432	\$	\$0	\$6,432	\$		
				\$19,406		\$0		\$0	\$19,406

Personnel Budget Category Form

Navigation Instructions:

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- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Witness Advocate II
Description *

Victim Witness Advocate II has a case load, shares the mass victim advocate duties, prepares informational displays, and assists with gathering statistics.

<input checked="" type="checkbox"/> Hourly	Salary			
Pay per Hour *		Number of Weeks *	Hours of Full-Time Workweek *	
\$			40.00	
	Full-Time Equivalent in Hours	FTE	Salary Calculation Total	
	2,080	%	\$48,249	
Does this position provide benefits? *			<input checked="" type="checkbox"/> Yes	No
Benefits Percentage *		Benefits Calculation		
84.96 %		\$40,992		
Benefits Description *				

OASD/FICA, PERS, GASB45/75, GASB68, Health
Calculation Total (Includes Benefits if provided)

\$89,241

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	\$39,731	\$	\$0	\$39,731	\$		<i>Not Applicable</i>
2024 VCGF	2024	State	\$49,510	\$	\$0	\$49,510	\$		
				\$89,241		\$0		\$0	\$89,241

Personnel Budget Category Form

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- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Witness Coordinator
Description *

Victim Witness Coordinator supervises the other advocates, manages the grant, has a case load, does community and partner presentations, and shares the mass victim advocate duties.

Hourly

	Salary Per Month *	✓ Salary	Hours of Full-Time Workweek *
	\$	Number of Months *	
FTE *	Full-Time Equivalent in Hours	%	Salary Calculation Total
	1,664		32.00
Does this position provide benefits? *			\$13,305
Benefits Percentage *		Benefits Calculation	<input checked="" type="checkbox"/> Yes No
72.05 %		\$9,586	
Benefits Description *			

OASD/FICA, PERS, GASB45/75, GASB68, Health
Calculation Total (Includes Benefits if provided)

\$22,891

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	\$10,037	\$	\$0	\$10,037	\$		Not Applicable
2024 VCGF	2024	State	\$10,854	\$	\$0	\$10,854	\$		
2024 VWA0	2024	State	\$2,000	\$	\$0	\$2,000	\$		
\$22,891						\$0		\$0	\$22,891

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

Victim Witness Coordinator
Description *

Victim Witness Coordinator supervises the other advocates, manages the grant, has a case load, does community and partner presentations, and shares the mass victim advocate duties.

Hourly

	Salary Per Month *	<input checked="" type="checkbox"/> Salary	Number of Months *	Hours of Full-Time Workweek *
	\$			40.00
FTE *	Full-Time Equivalent in Hours		Salary Calculation Total	
	2,080	%	\$53,225	
Does this position provide benefits? *			<input checked="" type="checkbox"/> Yes	No
Benefits Percentage *			Benefits Calculation	
72.04 %			\$38,343	
Benefits Description *				

OASDIFICA, PERS, GASB45/75, GASB68, Health
Calculation Total (Includes Benefits if provided)

\$91,568

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	\$30,114	\$	\$0	\$30,114	\$		<i>Not Applicable</i>
2024 VCGF	2024	State	\$53,147	\$	\$0	\$53,147	\$		
2024 VWA0	2024	State	\$8,307	\$	\$0	\$8,307	\$		
				\$91,568		\$0		\$0	\$91,568

Travel Budget Category Form

Travel Cost Type

Mileage Costs

Budget/Project Line-Item

Regional Crisis Response Meetings

Description

200 miles x .67 .4 meetings per year = \$44.67 per month to attend meetings in Shasta County for MVAs.

In State

Out of State

Number of Miles
800

Mileage Rate
\$.670

Calculation Total

\$536.00

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	\$536	\$	\$	\$0	\$536	\$
			\$536	\$0	\$0	\$0	\$536	

Other Operating Budget Category Form

Navigation Instructions:

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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
Auto Maintenance
Description/Justification
Maintenance for 2020 Ford Escape SUV used for transport of victim witnesses to court, forensic exams and to respond in the event of a mass victim incident.
Calculation Description
\$4,026/12=\$335.50 per month

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	\$4,026	\$	\$	\$0	\$4,026	\$
			\$4,026	\$0	\$0	\$0	\$4,026	

Other Operating Budget Category Form

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Other Operating Costs

Budget/Project Line-Item
Client/Victim Assistance
Description/Justification

Victim assistance with car impound fees, food, gas, toiletries, and lodging. These funds will help both victims of our regular cases and in the case of a mass victim incident.

Calculation Description

\$10,500/12 = \$875 per month

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	\$10,500	\$	\$	\$0	\$10,500	\$
			\$10,500	\$0	\$0	\$0	\$10,500	

Other Operating Budget Category Form

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Other Operating Costs

Budget/Project Line-Item
Communications
Description/Justification
Monthly charge for service of 3 cell phones.
Calculation Description
\$1,800/12 = \$150 per month

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	\$1,365	\$	\$	\$0	\$1,365	\$
2024 VWA0	2024	State	\$435	\$	\$	\$0	\$435	\$
			\$1,800	\$0	\$0	\$0	\$1,800	

Other Operating Budget Category Form

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Other Operating Costs

Budget/Project Line-Item
Copy Machine Maintenance
Description/Justification
Xerox copy machine maintenance contract.
Calculation Description
\$1,649/12=\$137.41 per month

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	\$32	\$	\$	\$0	\$32	\$
2024 VCGF	2024	State	\$1,617	\$	\$	\$0	\$1,617	\$
			\$1,649	\$0	\$0	\$0	\$1,649	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item

County Self Insurance / General Liability

Description/Justification

County Self Insurance / General Liability

Calculation Description

\$2,365/12=197.08 per month

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	\$1,365	\$	\$	\$0	\$1,365	\$
2024 VWA0	2024	State	\$1,000	\$	\$	\$0	\$1,000	\$
			\$2,365	\$0	\$0	\$0	\$2,365	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item

Crisis Response / Human Trafficking Training

Description/Justification

Crisis Response / Human Trafficking Training for 2 Advocates.

Calculation Description

*Airfare \$1,200, mileage 116 x .67 = \$77.72, Lodging \$750, Meals \$300, Shuttle/Taxi/Parking \$100. \$2,427.72 / 12 = \$202.31 per month each. \$2,427.72 x 2 = \$4,855.44 (rounded up)
Not to exceed allowable amounts.*

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	\$4,856	\$	\$	\$0	\$4,856	\$
			\$4,856	\$0	\$0	\$0	\$4,856	

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.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item

Crisis Response Technology & Supplies

Description/Justification

Dell Latitude Detachable computer for filling out CalVCB applications with clients both in office and in case of a mass victim incident.

Calculation Description

\$2,500/12= \$208.33

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 VWA0	2024	State	\$2,500	\$	\$	\$0	\$2,500	\$
			\$2,500	\$0	\$0	\$0	\$2,500	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item

Membership CCVAA

Description/Justification

1 year Membership to CCVAA for 2 advocates.

Calculation Description

\$180/12=\$15.00 per month

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	\$180	\$	\$	\$0	\$180	\$
			\$180	\$0	\$0	\$0	\$180	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item

NOVA Membership

Description/Justification

1 year NOVA Membership fee for 2 advocates.

Calculation Description

\$200/12=\$16.67 per month

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 VWA0	2024	State	\$200	\$	\$	\$0	\$200	\$
			\$200	\$0	\$0	\$0	\$200	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item
Office Supplies
Description/Justification
Paper, envelopes, ink, pens, updated office chairs and shredder.
Calculation Description
\$7,998/12-\$666.50 per month

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	\$6,000	\$	\$	\$0	\$6,000	\$
2024 VWA0	2024	State	\$1,998	\$	\$	\$0	\$1,998	\$
			\$7,998	\$0	\$0	\$0	\$7,998	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item

Outreach to Crime Victims

Description/Justification

Brochures, PSAs, NCVRW, Community Events, Billboard and Bus Advertisements

Calculation Description

\$13,000/12=\$1,083 per month

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	\$13,000	\$	\$	\$0	\$13,000	\$
			\$13,000	\$0	\$0	\$0	\$13,000	

Other Operating Budget Category Form

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Other Operating Costs

Budget/Project Line-Item

Victim Witness Training

Description/Justification

Continued or Basic training for 2 advocates.

Calculation Description

Airfare \$1,200, mileage 116 x .67 = \$77.72, Lodging \$850, Meals \$370, Shuttle/Taxi/Parking \$100. $\$2,597.72/12 = \216.48 per month each. $\$2,597.72 \times 2 = \$5,195.44$ (rounded up)
 Not to exceed allowable amounts.

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	\$5,196	\$	\$	\$0	\$5,196	\$
			\$5,196	\$0	\$0	\$0	\$5,196	

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item
Victim Witness Waiting Room Update
Description/Justification
Furniture, paint, carpet/flooring, and artwork for walls.
Calculation Description
\$8,251/12=\$687.58 per month

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	\$5,551	\$	\$	\$0	\$5,551	\$
2024 VWA0	2024	State	\$2,700	\$	\$	\$0	\$2,700	\$
			\$8,251	\$0	\$0	\$0	\$8,251	

Application Signatures Form

Certification of 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.

Federal Fund Grant Subaward Assurances Certification

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

Name:	<i>James Andrus</i>	Title:	<i>District Attorney</i>
Signature:	<i>James Andrus</i>	Date:	<i>08/13/2024</i>