

Application Information Form

Program:

Victim/Witness Assistance - VW24

Grant Subaward Performance Period:

10/01/2024 to 09/30/2025

Subrecipient:

County of Tehama - District Attorney's Office

Subrecipient UEI:

USB8GQ5S3A35

Subrecipient Federal Employer ID:

96-6000543

Implementing Agency:

Tehama County

Payment Address

*PO BOX 519
RED BLUFF
California
Tehama County
96080-0519*

Primary Location of Project/Services

Address

*444 Oak St
City:
Red Bluff*

Address 2

County:
Tehama County

Zip Code:
96080-0000

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

First Name: *Matthew*
Title: *District Attorney*
Phone: *(530) 527-3053*
Address: *PO Box 519*
City: *Red Bluff*

Last Name: *Rogers*
Email: *mrogers@tehama.gov*
State: *CA* **Zip Code:** *96080-0519*

Financial Officer

Name: *Krista*
Title: *Auditor*
Phone: *(530) 527-3474*
Address: *444 Oak St*
City: *Red Bluff*

Last Name: *Peterson*
Email: *kpeterson@tehama.gov*
State: *CA* **Zip Code:** *96080-0519*

Programmatic Point of Contact:

Name: *Jeffery*
Title: *Victim Services Coordinator*
Phone: *(530) 527-4296*
Address: *PO Box 519*
City: *Red Bluff*

Last Name: *Eldred*
Email: *jeldred@tehama.gov*
State: *CA* **Zip Code:** *96080-0519*

Financial Point of Contact:

Name: *Theresa*
Title: *Office Manager*
Phone: *(530) 527-3053*
Address: *PO Box 519*
City: *Red Bluff*

Last Name: *Sweeney*
Email: *tsweeney@tehama.gov*
State: *CA* **Zip Code:** *96080-0519*

Chair of the Governing Body

Name: *John*
Title: *Chair of Board of Supervisors*
Phone: *(530) 527-4655*
Address: *727 Oak St*
City: *Red Bluff*

Last Name: *Leach*
Email: *jleach@tehama.gov*
State: *CA* **Zip Code:** *96080-0519*

Grant Subaward Authorized Agent

Matthew Rogers

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

Subrecipients expending \$1,000,000 or more in federal finds 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.

Our program will continue to provide all mandatory and optional services outlined in the RFA. We will maintain levels of a 1.0 FTE Coordinator, a 0.5 FTE Advocate (Mass Victimization), and a 1.0 FTE MVA Advocate. We will continue to review all crime reports submitted to the District Attorney's office for review to identify and contact crime victims and provide services. We will also continue to receive referrals from other community agencies such as Adult Protective Services, Rape Crisis, and Empower Tehama to ensure that we are providing services to as many crime victims as we can identify. Once victims have been identified, an advocate will contact to provide crisis intervention, emergency assistance if needed, referrals to other agencies that could give the victim additional assistance, offer assistance with CalVCB, and explain the criminal justice process. As the case proceeds through the criminal justice process the advocate will notify victim regarding the case status, provide court escort if the victim plans on attending. At sentencing the advocate will assist with Victim Impact Statements and Restitution upon request. After the adjudication of the case the advocate will assist with property return to the victim. The advocate will provide all other mandatory services as needed. There will be no significant changes to our program.

Question 2

This section is for additional space to answer Question 1.

N/A

Question 3

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

Our Victim/Witness Center has provided optional services such as Employer Intervention, Witness Notification, Funeral Arrangements, and Transportation Assistance and will continue to do so. We will provide all other optional services as needed with the exception of Child Care Assistance.

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.

In the event of a Mass Victimization/Terrorism incident, we will immediately establish a Family Assistance Center to assist with CalVCB Applications and Emergency Assistance. We currently have a MOU with the District Attorney's Criminal Division to utilize support staff to staff the center. We also have an agreement with our local domestic violence services provider to assist with CalVCB application at our center if needed. We also have established a regional agreement with other North State Victim Witness Centers to provide mutual aid in event of a mass victimization in any of our counties. Our after-hours contact is Rachael McCain at (530)722-8964 or Jeff Eldred at (530)798-1991.

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.

We currently utilize a Spanish Court Interpreter as a volunteer to contact Spanish speaking victims. Our volunteer usually comes to our office once a week for 2-3 hours or as needed.

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.

We have no field offices.

Question 7

This section is for additional space to answer Question 6.

N/A

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?	>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?	\$475,000
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?	Periodically
Has your organization received any audit findings in the last three years?	No
Do you have a written plan to charge costs to grants?	No
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?	N/A

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Tehama County District Attorney</i>	<i>05/05/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Tehama County Probation</i>	<i>05/11/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Coming Police Department</i>	<i>05/05/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Red Bluff Police Department</i>	<i>05/11/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Tehama County Sheriff</i>	<i>05/12/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Tehama County Victim Witness</i>	<i>05/06/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>California Highway Patrol</i>	<i>05/21/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Tehama County Social Services</i>	<i>05/18/2021</i>	<i>07/01/2021</i>	<i>06/30/2026</i>
<i>Tehama County Health Agency</i>	<i>05/21/2021</i>	<i>07/01/2021</i>	<i>07/01/2026</i>
<i>Empower Tehama</i>	<i>05/10/2021</i>	<i>07/01/2021</i>	<i>06/01/2026</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	\$132,610	\$0	\$132,610	\$132,610	\$0	\$0	\$132,610
2024 VOCA	2024	Federal	\$163,926	\$0	\$163,926	\$163,926	\$0	\$0	\$163,926
2024 VWA0	2024	State	\$30,290	\$0	\$30,290	\$30,290	\$0	\$0	\$30,290
			\$326,826	\$0	\$326,826	\$326,826	\$0	\$0	\$326,826

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

s.VW24 Tehama Match Waiver (002).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 *

Mass Victimization Victim Advocate 1
Description *

.50 FTE Mass Victimization Advocate
Hourly

		Salary Per Month *	<input checked="" type="checkbox"/> Salary Number of Months *		Hours of Full-Time Workweek *
		\$4,108.50	12.00		40.00
FTE *	Full-Time Equivalent in Hours			Salary Calculation Total	
.5000	2,080		%	\$24,651	
Does this position provide benefits? *			Benefits Calculation	<input checked="" type="checkbox"/> Yes	No
Benefits Percentage *			\$24,651		
100.00 %					
Benefits Description *					

PERS, Unfunded PERS, Health Insurance, OASDI, Workman's Comp, Deferred Comp Match
Calculation Total (Includes Benefits if provided)

\$49,302

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	\$49,302	\$	\$0	\$49,302	\$	\$0	\$49,302
				\$49,302		\$0		\$0	\$49,302

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
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- To add another Line Item, click the **ADD** button.
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- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Advocate 2
Description *

1.0 FTE Victim Advocate 2
Hourly

		Salary Per Month *	[X]Salary Number of Months *		Hours of Full-Time Workweek *
		\$5,015.00	12.00		40.00
FTE *	Full-Time Equivalent in Hours			Salary Calculation Total	
1.0000	2,080		%	\$60,180	
Does this position provide benefits? *				[X]Yes	No
Benefits Percentage *				Benefits Calculation	
86.00 %				\$51,755	
Benefits Description *					

PERS, Unfunded PERS, Health Insurance, OASDI, Workman's Comp, Deferred Comp Match
Calculation Total (Includes Benefits if provided)

\$111,935

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 VCGF	2024	State	\$5,038	\$	\$0	\$5,038	\$		
2024 VWA0	2024	State	\$30,290	\$	\$0	\$30,290	\$		
2024 VOCA	2024	Federal	\$76,607	\$	\$0	\$76,607	\$		Not Applicable
				\$111,935		\$0	\$0	\$0	\$111,935

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

Personnel Costs

Budget/Project Line-Item *

Victim Advocate/Coordinator
Description *

.90 FTE Coordinator

Hourly

Salary Per Month *

Salary
Number of Months *

Hours of Full-Time Workweek *

FTE *

Full-Time Equivalent in Hours

12.00

Salary Calculation Total

40.00

.9000

2,080

%

\$74,170

Does this position provide benefits? *

Yes

No

Benefits Percentage *

Benefits Calculation

72.00 %

\$53,402

Benefits Description *

PERS, Unfunded PERS Liability, Workman's Comp, OASDI, Health Insurance, Unemployment Insurance, and Deferred Comp Match.
Calculation Total (Includes Benefits if provided)

\$127,572

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 VCGF	2024	State	\$127,572	\$0	\$0	\$127,572	\$		
				\$127,572		\$0		\$0	\$0
								\$0	\$127,572

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

Unknown Training

Description

Registration \$500 x 3 people = \$1500

Hotel Cost: \$170/night + \$35 tax/fees x 5 Nights x 3 people = \$3075

Per Diem: \$59/day x 5 days x 3 people = \$885

Mileage to and from hotel: \$0.68/mile x 1200 x 3 People = \$3602

In State

Out of State

Staff Traveling *

3

Travel Cost Per Staff

\$3,021.00

Calculation Total

\$9,063.00

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	\$9,063	\$	\$	\$0	\$9,063	\$
			\$9,063	\$0	\$0	\$0	\$9,063	

Financial Assistance For Clients 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 Petty Cash is selected, complete the required Petty Cash Fields.

Budget/Project Line-Item

Emergency Financial Assistance

Description:

Emergency Lodging, Emergency Travel , Food, Phone, Lock replacement

Is this Petty Cash (Cash/Check):

Yes

No

Cash Amount	Quantity	Calculation Total
\$500.00	10	\$5,000

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	\$5,000	\$	\$	\$0	\$5,000	\$
			\$5,000	\$0	\$0	\$0	\$5,000	

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

Communications Expense

Description/Justification

Phones, cell phones, internet

Calculation Description

\$100/month x 12 months

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	\$1,200	\$	\$	\$0	\$1,200	\$
			\$1,200	\$0	\$0	\$0	\$1,200	

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.
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Other Operating Costs

Budget/Project Line-Item

Education and Outreach

Description/Justification

Brochures, Business Cards, Promotional Items, Fees to participate in Events

Calculation Description

\$300/month x 12 months

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	\$3,600	\$	\$	\$0	\$3,600	\$
			\$3,600	\$0	\$0	\$0	\$3,600	

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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Other Operating Costs

Budget/Project Line-Item

Maintenance of Equipment

Description/Justification

Automobile Maintenance, Copy Machine Maintenance, Computer Maintenance, Karpel Systems

Calculation Description

Karpel System Yearly Cost: \$10,000

General Maintenance of Equipment: \$100/month x 12 months

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	\$11,200	\$	\$	\$0	\$11,200	\$
			\$11,200	\$0	\$0	\$0	\$11,200	

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

Office Supplies

Description/Justification

Paper, Copies, Toner, Basic Office Supplies,

Calculation Description

\$425.66/month x 12 months

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	\$5,108	\$	\$	\$0	\$5,108	\$
			\$5,108	\$0	\$0	\$0	\$5,108	

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

Professional Services

Description/Justification

New Employee Fingerprinting and physicals, Mass Shredding

Calculation Description

\$37.17/month x 12 months

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	\$446	\$	\$	\$0	\$446	\$
			\$446	\$0	\$0	\$0	\$446	

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

Transportation Expense

Description/Justification

Fuel for Vehicles

Calculation Description

\$200/month x 12 months

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	\$2,400	\$	\$	\$0	\$2,400	\$
			\$2,400	\$0	\$0	\$0	\$2,400	

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

Name: *Jeff Eldred*
Signature: *Jeff Eldred*

Title: *Victim Services Coordinator*
Date: *08/28/2024*