

Application Information Form

Program:*Human Trafficking Advocate - HA25***Grant Subaward Performance Period:***01/01/2026 to 12/31/2026***Subrecipient:***County of Tehama - District Attorney's Office***Subrecipient UEI:***USB8GQ5S3A35***Subrecipient Federal Employer ID:***96-6000543***Implementing Agency:***Tehama County***Payment Address****Primary Location of Project/Services****Address***444 Oak St Room M***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

* Person:	Matthew Rogers	* Last Name:	Rogers
* First Name:	Matthew	* Email:	mrogers@tehama.gov
* Title:	District Attorney	* State:	California
* Phone:	(530) 527-3053	* Zip Code:	96080
* Address:	PO Box 519		
* City:	Red Bluff		

Grant Subaward Financial Officer

* Person:	Krista Peterson	* Last Name:	Peterson
* First Name:	Krista	* Email:	kpeterson@tehama.gov
* Title:	Tehama County Auditor-Controller	* State:	California
* Phone:	(530) 527-3474	* Zip Code:	96080
* Address:	444 Oak Street, Room "J"		
* City:	Red Bluff		

Grant Subaward Programmatic Point of Contact:

* Person:	Jeff Eldred	* Last Name:	Eldred
* First Name:	Jeff	* Email:	jeldred@tehama.gov
* Title:	Victim Services Coordinator	* State:	California
* Phone:	(530) 527-4296	* Zip Code:	96080
* Address:	PO BOX 519		
* City:	Red Bluff		

Grant Subaward Financial Point of Contact:

* Person:	Theresa Sweeney	* Last Name:	Sweeney
* First Name:	Theresa	* Email:	tsweeney@tehama.gov
* Title:	Office Manager	* State:	California
* Phone:	(530) 527-3053	* Zip Code:	96080
* Address:	PO BOX 519		
* City:	Red Bluff		

Chair of the Governing Body

* Person:	Other	* Last Name:	Hanson
* First Name:	Matthew	* Email:	mhanson@tehama.gov
* Title:	Chairman of Board of Supervisors		
* Phone:	(530) 527-4655		
* Address:	727 Oak ST		
* City:	Red Bluff	* State:	CA
		* Zip Code:	96080

Applications

HA25029101

County of Tehama - District Attorney's Office

Grant Subaward Authorized Agent

☒ *Matthew Rogers*

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *.
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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
Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf	☒ *
Program Standard Assurance Addendum	☒ *
Standard Certification of Compliance	☒ *

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:

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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.

We are part of the Saint Elizabeth's Hospital to be part of the Dignity Health Human Trafficking Council and The Tehama County Human Trafficking Violence Strategy Team. We are also an integral part of our county's CSEC Team that meets 10 times a year. At both of these team meetings we strategize with partnering agencies to develop best practices to provide services to victims. We discuss active cases, new victims, and community outreach.

Question 2 *

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

The Victim Services Coordinator has been employed by the Tehama County Victim Services Program for 22 years. He has completed both Basic and Advanced Advocacy Training and completed many in-person and on-line trainings over the 22 year span. Many of these trainings included sessions regarding Human Trafficking and Sexual Assault. The HA Advocate has been employed for 3 years. She has received her Basic Advocacy Training and will attend the Advanced Advocacy Training in November. She has attended Domestic Violence, Sexual Assault, and Prosecuting Child Sexual and Physical Assault training. Additionally, She attending the International Family Justice Center Conference. At these trainings there were multiple sessions regarding Human Trafficking. Both the coordinator and the advocate have dealt with human trafficking cases and are part of MDTs that work with human trafficking victims.

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 crime reports submitted to the District Attorney's office, through referrals from other agencies who have contact with human trafficking victims, and through our collaborative meetings and MDTs with other organizations. We make contact with the victims to notify them of the criminal process and to inquire of their current situations and needs. We collaborate with partnering agencies to asses what needs the victims may have and which organizations are best to fill those needs.

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.

We regularly collaborate with local law enforcement to obtain crime reports, victim contact information, and investigation status. We regularly meet with other agencies, victim service providers, and non-profits to share services and discuss best practices to meet the needs of victims. When collaboration is needed with State and Federal Law Enforcement, we duplicate the same process as with local law enforcement.

Question 5 *

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

Our advocate and coordinator will provide excellent services to all human trafficking crime victims/survivors. All potential human trafficking crime reports we receive from various law enforcement agencies will be reviewed and assigned to the advocate or coordinator for immediate crisis intervention. The advocate or coordinator will contact the victim telephonically using the victims contact information in the crime report. If there is not a valid phone number in the crime report, the advocate and coordinator (with the assistance of a District Attorney Investigator if needed) will use our county vehicle to make a home visit to the victim's residence. If all contact information is invalid or non-existent, the advocate or coordinator will reach out to the investigating officer to obtain correct contact information. The advocate or coordinator will assess the victim's needs and provide the necessary emergency assistance, referrals, and safety planning. The advocate or coordinator will be in contact with the victim/survivor on a regular bases throughout the criminal court process and beyond. When we receive a referral from another agency, the advocate or coordinator will make immediate contact whether telephonic or in person and provide the same crisis intervention services as if the case was referred through a law enforcement agency.

Our advocate and coordinator will refer victim/survivors to different agencies that are equipped to meet their needs and provide additional assistance and resources. Collaborating with our CSEC team and other community partners we will establish a comprehensive list of different organizations and services they provide to human trafficking victims.

Question 6 *

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

We offer emergency services. Our advocate or coordinator will ask important questions to the victim/survivor to determine any emergency need that they may have. Once those needs are determined they will be referred to the appropriate agency that can meet that need immediately. We have also set aside a substantial amount of funding for our office to meet immediate emergency needs including, but not limited to, temporary emergency housing, clothing, food, transportation cost, cell phones, and utilities

Question 7 *

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

We have established a comprehensive list of different organizations and services they provide to human trafficking victims. Referrals will be made from this list and we will add service providers as more become available. We will also provide a written list of area mental health providers and assist with making initial appointments.

Question 8 *

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

Our advocate and coordinator will receive training to give basic, crisis counsel and safety planning. When appropriate and within the skill set of our training, we will offer counselling and advice to every victim/survivor that we contact. If the counselling/therapy requires more than we are capable and trained to provide, we will give each victim with a list of area mental health care providers to seek more in depth counselling. We will gladly offer assistance in setting up any mental health treatment appointments and acting as an introducing agency to the provider.

Question 9 *

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

When property has been taken into evidence, we will provide assistance in its return to the victim/survivor. We will fill out a "Property Return Request Form" and submit it to the Assistant District Attorney for approval for release. The District Attorney's office will then forward a letter to the agency that is holding the property allowing the property's release. We will assist the victim with contacting the right agency and setting up an appointment to retrieve their items.

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.

If the case is charged criminally, our advocate or coordinator will stay in continuous contact with the victim/survivor to provide updates after each court appearance. This update will also include an explanation of the criminal justice system and an explanation as to what comes next in the process.

Question 11 *

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

If the victim/survivor wishes to attend any court appearance, the assigned advocate or coordinator will arrange to meet them either at our office or in front of the courthouse to attend criminal court with the victim/survivor. If the victim wishes to attend and are a residence in the local area but have no transportation, our advocate will use our county vehicle to provide transportation to and from the courthouse. If the victim is from out of the area then we will supply them with a gas card to offset their cost of travelling to court.

Question 12 *

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

We have regular meetings and presentations to our local law enforcement agencies to inform them of services we provide to Human Trafficking victims. We also have regular, personal contact with individual law enforcement officers and inform them of case specific services that we can provide to victims of human trafficking.

Question 13 *

Describe outreach efforts to increase community awareness of the services available through the Center and the Program. A key component to the success of this grant will be community outreach and awareness. Our advocate and coordinator will work together to present awareness and services at many events throughout the grant year. One of our operational agreements is with Latino Outreach of Tehama County. Through our agreement with this wonderful organization that has continual contact with an at-risk population, they will refer victims/survivors to our office. We will attend and provide outreach at two of their largest events each year; the annual Bi-National Health Fair and the annual Cinco De Mayo Festival. Both of these events draw thousands of attendees. Additionally, we will attend multiple community events, fairs, and celebrations. These events are attended by thousands of people and allow us to distribute literature, meet our community, and develop relationships with citizens and other community groups. We are also part of many community groups such as our county's CSEC, SARB, Child Abuse Prevention Counsel, CART, SART, and Domestic Violence prevention Council. Through these groups and meetings, we are able to consistently make many agencies aware of our services available to victims/survivors. Additionally, we regularly perform presentations and outreach to various groups and organizations such as local schools, law enforcement, non-profits, and faith-based organizations.

Question 14 *

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

Our assigned advocate or coordinator will provide case status to victims/survivors after each court appearance by the defendant and when the District Attorney makes any decision or offer regarding the case. The victim/survivor will be notified of any plea offer before it has been made and accepted by the court. The victim/survivor will be notified of any decision to file or decline prosecution of a criminal case and given an opportunity to express any input regarding the decision of the District Attorney on their criminal case.

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 of the victim/survivor we will notify any family member, friend or employer regarding their victimization and the criminal justice status. The victim will make the determination as to how much information we will provide and can request that we give no information. Our office takes confidentiality very seriously. If the victim is a minor we will provide all information to their guardian.

Question 16 *

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

Upon conviction, our advocate or coordinator will assist the victim in collecting information regarding any financial and /or property loss the victim has suffered as a result of the crime. We will assist the victim with completing a Restitution Request Form and providing that information to the District Attorney's office and the Probation Department. When applicable, we will assist the victim in obtaining non-financial loss restitution for some sex crimes.

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.

We have established a comprehensive list of different organizations and services they provide to human trafficking victims. Referrals will be made from this list and we will add service providers as more become available. We will also provide a written list of area mental health providers and assist with making initial appointments.

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.

Our office utilizes multiple interpreters as volunteers. Although these are not regular volunteers, and we use them for other grants as well, they will be available and used for instances when interpretation is needed.

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?	\$481,000
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

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

HA 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 *

Victim Services Coordinator
Description *

.10 FTE Coordinator

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$

40.00

FTE *

Full-Time Equivalent in
Hours

%

Salary Calculation Total

2,080

\$8,255

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

47.00 %

Benefits Calculation

\$3,880

Benefits Description *

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

\$12,135

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		\$12,135			\$0	\$12,135			
						\$12,135		\$0		\$0	\$12,135

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
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Personnel Costs

Budget/Project Line-Item *

Victim Advocate 2

Description *

1.0 FTE Advocate 2

☒ Hourly

☐ Salary

Pay per Hour * **Number of Hours/Week ***

Number of Weeks * **Hours of Full-Time Workweek ***

\$

40.00

Full-Time Equivalent in Hours

FTE

Salary Calculation Total

2,080

%

\$59,904

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

59.50 %

\$35,643

Benefits Description *

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

\$95,547

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 VCGF	2025	State	\$64,239		\$0	\$64,239			
2025 VOCA	2025	Federal	\$31,308		\$0	\$31,308		Not Applicable	
				\$95,547		\$0	\$0	\$0	\$95,547

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 *

CDAA Summer Conference
Description *

CDAA Summer Conference
Date and Place TBA
All expenses are estimates

Registration: \$500
Hotel: \$200/night x 4 Nights= \$800
Per Diem: \$68/day x 5 days= \$340
Mileage: 1200 miles x \$.70/mile= \$840

☒ In State

☐ Out of State

Staff Traveling * Travel Cost Per Staff *

1 \$2,480.00

Calculation Total *

\$2,480.00

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	\$2,480		\$0	\$2,480		Not Applicable	
				\$2,480		\$0	\$0	\$0	\$2,480

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 *

Crime Against Children Conference
Description *

Crimes Against Children Conference
August 2-6, 2026
Dallas Texas

Registration= \$895

Airline Tickets (Est: Round Trip Sacramento to Dallas)= \$550.00

Hotel Cost (Est): \$170/night x 5 nights= \$850

Per Diem \$51/1st day + \$51/last day + \$68/day x 4 Days= \$374

☐ In State☒ Out of State**Staff Traveling * Travel Cost Per Staff ***

1 \$2,669.00

Calculation Total *

\$2,669.00

Out-of-State Travel Request

Purpose of Travel *

Crime Against Children Conference

Location of Travel (TBD is okay) *

Dallas, TX

Are you non-profit/for profit? *☐ Yes☒ No**Description of how travel supports the intent of the Program: ***

This conference is an intensive, international training regarding crimes against children. There are many sessions, general and breakout, that will deal with human trafficking and child sexual abuse. These are two of the main components of our grant. This training will give our advocate better understanding of human trafficking, resources available for victims, and allow her to network with other service providers from all over the world. Additionally, community partners will attend.

Are all travelers included in personnel? *☒ Yes☐ No

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	\$2,669		\$0	\$2,669		Not Applicable	
				\$2,669		\$0	\$0	\$0	\$2,669

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.**
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Form Specific Instructions

- If Petty Cash is selected, complete the required Petty Cash Fields.

Budget/Project Line-Item *

Emergency Financial Assistance

Description: *

\$500 per victim per crime x 10+ \$5000

Is this Petty Cash (Cash/Check): *

☐ Yes

☒ No

Calculation Total *

Quantity *

Cash Amount *

20

\$500.00

\$10,000

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	\$10,000		\$0	\$10,000			Not Applicable
				\$10,000		\$0		\$0	\$10,000

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item *

Communications

Description/Justification *

Software, telephone, fax

Calculation Description *

\$100/month x 12 months= \$1200

Calculation Total *

\$1,200

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	\$1,200		\$0	\$1,200			Not Applicable
				\$1,200		\$0		\$0	\$1,200

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item *

Liability Insurance

Description/Justification *

Liability Insurance as required by law

Calculation Description *

\$100/month for 12 months= \$1200

Calculation Total *

\$1,200

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	\$1,200		\$0	\$1,200			Not Applicable
				\$1,200		\$0		\$0	\$1,200

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item *

Transportation Expense

Description/Justification *

Fuel for vehicles

Calculation Description *

\$200/month x 12 months= \$2400

Calculation Total *

\$2,400

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	\$2,400		\$0	\$2,400		Not Applicable	
				\$2,400		\$0	\$0	\$0	\$2,400

Other Operating Budget Category Form

Navigation Instructions:

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Other Operating Costs

Budget/Project Line-Item *

Internal Assets

Description/Justification *

New Sofa and Love Seat for waiting room. (Cost to be shared with VW Grant)

Calculation Description *

Calculation Total *

Sofa and Love Seat: \$3200

\$3,200

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	\$3,200		\$0	\$3,200		Not Applicable	
				\$3,200		\$0	\$0	\$0	\$3,200

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 *

Education and Outreach Materials

Description/Justification *

Brochures, business cards, promotional items

Calculation Description *

\$400/month x 12 months= \$4800

Calculation Total *

\$4,800

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 Requirements	Federal Fund
2025 VOCA	2025	Federal	\$4,800		\$0	\$4,800		Not Applicable	
				\$4,800		\$0	\$0	\$0	\$4,800

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 and Expenses

Description/Justification *

Paper, Toner, general office supplies

Calculation Description *

\$430.75/month x 12 months= \$5169

Calculation Total *

\$5,169

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	\$5,169		\$0	\$5,169		Not Applicable	
				\$5,169		\$0	\$0	\$0	\$5,169

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 *

Maintenance of Equipment
Description/Justification *

Maintenance for vehicles, office machines, Karpel System
Calculation Description *

\$100/month x 12 months= \$1200
Share of Cost for Karpel System= \$5000

Calculation Total *

\$6,200

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	\$6,200		\$0	\$6,200		Not Applicable	
				\$6,200		\$0	\$0	\$0	\$6,200

Application Signatures Form

Assurances/Signatures

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 *

Authority to Sign.pdf

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: *Matthew Rogers*
Signature: *Matthew Rogers*

Title: *District Attorney*
Date: *09/24/2025*