Application Information Form

Program:
Victim/Witness Assistance - VW25

Grant Subaward Performance Period:
10/01/2025 to *09/30/2026*

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

Address 2

City:
Red Bluff

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

Grant Subaward Financial Officer

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

Grant Subaward Programmatic Point of Contact:

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

Grant Subaward Financial Point of Contact:

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

Chair of the Governing Body

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

Grant Subaward Authorized Agent

[X] Matthew Rogers

Grant Subaward Assurances Form

Navigation Instructions:

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

Form Specific Instructions:

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

Applicable Grant Subaward Assurances

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

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf	*[X]**
Program Standard Assurance Addendum	*[X]**
Standard Certification of Compliance	*[X]**

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.
*[X]*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 *[X]*No

Programmatic Narrative Form

Navigation Instructions:

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

Narrative Questions/Responses

Question 1 *

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 2025-26 Grant Subaward performance period.
Our program will continue to provide all mandatory and optional services outlined in the RFA. These services will include, but are not limited to: information regarding the criminal justice system, notification of court proceedings, crisis response, restitution assistance, victim impact statements, court support, and assistance with CalVCB Applications. We will maintain levels of a 1.0 FTE Coordinator, a 1.0 FTE Advocate, and a .50 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.
There will be no significant changes to our VW Program in the coming grant year.

Question 2 *

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.
Our Victim Services Center provides optional services such as Employer Intervention, Witness Notification, assistance with funeral arrangements, and transportation assistance. We do not provide child care assistance.

Question 3 *

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, we will immediately establish a Family Assistance Center to assist will CalVCB applications and Emergency Assistance. We currently have a MOU with the District Attorney's Criminal Division to utilize support staff at our Family Assistance Center. Additionally, we have an agreement with Empower Tehama, our local Domestic Violence service provider, to assist with CalVCB applications at the center if needed. Our region is almost done with our MOU between area Victim Services offices.
Our after hours contacts for mass victimization are:
Jeff Eldred: (520)798-1991
Rachael McClain: (530)722-8964

Question 4 *

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 one central office in Tehama County:
444 Oak Street (Room M); Red Bluff, CA
(530)527-4296

Coordinator: Jeff Eldred
V/W Advocate Meghan Swain
MVA Rachael McClain
HA Advocate Angela Lucero
AB109 Advocate (Part-time): Carla Correa

Question 5 *

This section is for additional space to answer Question 4.
none

Question 6 *

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

We currently use our court-certified interpreter as a volunteer. She will come to our office as needed or meet us in court to translate for Spanish speaking victims.

Required Document #1

VOCA Match Waiver Request
Document #1 Template

*VW 25 VOCA Match Waiver Request Form (2).pdf**

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*

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
Tehama County District Attorney	*05/05/2021*	*07/01/2021*	*06/30/2026*
Tehama County Probation	*05/11/2021*	*07/01/2021*	*06/30/2026*
Corning Police Department	*05/05/2021*	*07/01/2021*	*06/30/2026*
Red Bluff Police Department	*05/11/2021*	*07/01/2021*	*06/30/2026*
Tehama County Sheriff Department	*05/12/2021*	*07/01/2021*	*06/30/2025*
Tehama County Victim Witness	*05/06/2021*	*07/01/2021*	*06/30/2026*
California Highway Patrol	*05/21/2021*	*07/01/2021*	*06/30/2026*
Tehama County Social Services	*05/18/2021*	*07/01/2021*	*06/30/2026*
Tehama County Health Agency	*05/21/2021*	*07/01/2021*	*06/30/2026*
Empower Tehama	*05/10/2021*	*07/01/2021*	*07/01/2026*

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*	*$141,219*	*$0*	***$141,219***	*$141,219*	*$0*	*$0*	***$141,219***	
2025 VOCA	*2025*	*Federal*	*$181,937*	*$0*	***$181,937***	*$181,937*	*$0*	*$0*	***$181,937***	
2025 VWA0	*2025*	*State*	*$10,957*	*$0*	***$10,957***	*$10,957*	*$0*	*$0*	***$10,957***	
			$334,113	***$0***	***$334,113***	***$334,113***	***$0***	***$0***	***$334,113***	

Budget Cost Categories

Cost Form Selection(s)

[X] **Personnel Costs**
[ ] **Volunteer Costs**
[ ] **Contractor/Consultant Costs**
[ ] **Rent Costs**
[X] **Travel Costs**
[ ] **Equipment Costs**
[X] **Financial Assistance For Client's Costs**
[ ] **Second-Tier Subward Costs**
[ ] **Audit Costs**
[ ] **Indirect Costs**
[X] **Other Operating Costs**
[X] **Match Waiver** *VW 25 VOCA Match Waiver Request Form (2).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 Advocate 2

Description *

1.0FTE Victim Advocate 2

*[X]***Hourly** *[ ]***Salary**

Pay per Hour * | **Number of Hours/Week *** | **Number of Weeks *** | **Hours of Full-Time Workweek ***

$30.35 | *40.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *100.00%* | *$63,128*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

91.00 %

Benefits Calculation

$57,446

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$120,574

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	$84,836	$	$0	$84,836	$		
2025 VWA0	2025	State	$10,957		$0	$10,957			
2025 VOCA	2025	Federal	$24,781		$0	$24,781			Not Applicable
				$120,574	**$0**		**$0**	$0	**$120,574**

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 Advocate/Coordinator

Description *

.90FTE Coordinator

*[X]***Hourly** *[ ]***Salary**

Pay per Hour * | **Number of Hours/Week *** | **Number of Weeks *** | **Hours of Full-Time Workweek ***

$40.80 | *36.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *90.00%* | *$76,378*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

83.50 %

Benefits Calculation

$63,775

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$140,153

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	$128,132	$	$0	$128,132	$		
2025 VCGF	2025	State	$12,021		$0	$12,021			
				$140,153		**$0**	**$0**	$0	**$140,153**

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 Advocate 2

Description *

.50FTE Mass Victimization Advocate

*[X]*Hourly *[ ]*Salary

Pay per Hour * | **Number of Hours/Week *** | **Number of Weeks *** | **Hours of Full-Time Workweek ***

$27.52 | *20.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *50.00%* | *$28,621*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

55.00 %

Benefits Calculation

$15,741

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$44,362

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	$44,362	$0	$0	$0	$44,362	$	
				$44,362		**$0**	**$0**	$0	**$44,362**

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 *

Master Class Summit on Domestic Violence

Description *

Master Class Summit on Domestic Violence and Sexual Assault
February 9-11, 2026 Newport Beach, CA
1 Advocate/Coordinator
Registration: $375.00
Hotel: $200/night (Room + Tax) x 4 Nights= $800
Mileage Work to Hotel=$784
Per Diem $68/day x 5 days= $340.00

*[X]*In State *[ ]*Out of State

Staff Traveling *	Travel Cost Per Staff *	Calculation Total *
1	*$2,299.00*	*$2,299.00*

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*	*$2,299*		*$0*	*$2,299*			*Not Applicable*
				$2,299	***$0***		***$0***	***$0***	***$2,299***

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 *

Prosecuting Crimes Against Women and Children

Description *

Prosecuting Crimes Against Women and Children in the Digital Age
January 26-29, 2026 in San Marcos, CA
1 Advocate
Registration: $375
Hotel Cost: $175.21/night (Room + Taxes) x 5 nights=$876.05
Mileage 1,224 miles @ $.70/mile= $868.80
Per Diem $68/day x 6 days=$408.00

*[X]*In State *[ ]*Out of State

Staff Traveling *

1

Travel Cost Per Staff *

$2,528.00

Calculation Total *

$2,528.00

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	$2,528		$0	$2,528			Not Applicable
				$2,528	$0		$0	$0	$2,528

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 financial assistance for hardship or emergencies created from victimization. This would include, but not limited to, car impound fees, rental assistance, car repairs, cell phone, limited property damage, and hotel/food.
Is this Petty Cash (Cash/Check): * *[ ]*Yes *[X]*No

Quantity *	Cash Amount *	Calculation Total *
5	*$200.00*	*$1,000*

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*	*$1,000*		**$0**	*$1,000*			*Not Applicable*
				$1,000	***$0***		***$0***	***$0***	***$1,000***

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

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***	***$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.
- 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 county vehicles
Calculation Description *

$150/month x 12 months=$1800

Calculation Total *

$1,800

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 Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$1,800		$0	$1,800		Not Applicable	
				$1,800	$0		$0	$0	$1,800

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.
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- 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 *

Automobile maintenance, copy machine maintenance, Karpel Systems
Calculation Description *

Karpel System share of cost: $10,000
General Maintenance of Equipment: $100/moth x 12 months= $1200

Calculation Total *

$11,200

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*	*$11,200*		*$0*	*$11,200*			*Not Applicable*
				$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 *

Toner, paper, pens, staples, and various office supplies.

Calculation Description *

$212.25/month x 12 months

Calculation Total *

$2,547

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	$2,547		$0	$2,547			Not Applicable
				$2,547	$0		$0	$0	$2,547

Other Operating Budget Category Form

Navigation Instructions:

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

Other Operating Costs

Budget/Project Line-Item *

Professional Services
Description/Justification *

mass shredding, background checks
Calculation Description *

$25/month x 12 months=$300

Calculation Total *

$300

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*	*$300*		*$0*	*$300*			*Not Applicable*
				$300	***$0***	***$0***	***$0***	***$0***	***$300***

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 *

Liability Insurance
Description/Justification *

Standard liability insurance
Calculation Description *

$412.50/month x 12 month

Calculation Total *

$4,950

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*	*$4,950*		*$0*	*$4,950*			*Not Applicable*
				$4,950	***$0***		***$0***	***$0***	***$4,950***

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

Description/Justification *

Business cards, brochures, promotional items, fees to participate in events

Calculation Description *

$50/month x 12 months

Calculation Total *

$600

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*	*$600*		*$0*	*$600*			*Not Applicable*
				$600	***$0***		***$0***	***$0***	***$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.
- 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 *

Internal Assets
Description/Justification *

Waiting room furniture
Calculation Description *

Sofa for waiting room: $600

Calculation Total *

$600

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	$600		$0	$600			Not Applicable
				$600		$0	$0	$0	$600

Application Signatures Form

Assurances/Signatures

Authorized Body of Five *

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

Proof of Authority/Governing Body Resolution *

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

Upload Proof of Authority/Governing Body Resolution *

Standard Certification of Compliance *

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

Program Standard Assurance Addendum *

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicat/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: **Title:**
Signature: **Date:**

Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form

Complete all sections of this form using the instructions below. This form must be uploaded in the Grants Central System as part of the Grant Subaward Application.

1. **VOCA Fund Source #1:** Utilize the drop-down menu to select the VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #1.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #1.

2. **VOCA Fund Source #2 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #2.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #2.

3. **VOCA Fund Source #3 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #3.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #3.

4. **Briefly summarize the services provided:** Provide a narrative response.

5. **Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response.

Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form

Cal OES Subrecipients may request a partial or full match waiver for Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program funds. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. VOCA Fund Source #1: 25VOCA
   VOCA Victim Assistance Formula Grant Program Funds Awarded: $ 181,937
   Amount of Match Proposed: $ 0
2. VOCA Fund Source #2 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
4. Briefly summarize the services provided:

   We provide direct services to victims of crime in Tehama County, California. We provide all mandatory and optional services including, but not limited to, information about the criminal justice system, referral to other victim service providers, crisis intervention, court escort/support, transportation assistance, assistance with victim impact statements, assistance with CalVCB application process, and other services.

5. Describe practical/logistical obstacles and/or local resource constraints to providing match.

   Our county has a policy that we will use no general fund monies to match any grant. This has been a long standing policy. We receive no General Fund funding.