

Application Information Form

Program:

Victim/Witness Assistance - VW24

Grant Subaward Performance Period:

10/01/2024

to

09/30/2025

Subrecipient:

County of Solano - District Attorney's Office

Subrecipient UEI:

XDLNTFCKM1A6

Subrecipient Federal Employer ID:

94-6000538

Implementing Agency:

Solano County District Attorney

Payment Address

675 TEXAS ST
STE 4500
FAIRFIELD
California
Solano County
94533-6340

Primary Location of Project/Services

Address

675 Texas Street Suite 4500 Fairfield CA 94533

City:

Fairfield

Address 2

County:

Solano County

Zip Code:

94533-6340

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: Krishna
Title: District Attorney
Phone: (707) 784-6800
Address: 675 Texas Street Suite 4500 Fairfield CA 94533
City: Fairfield

Last Name: Abrams
Email: kabrams@solanocounty.com
State: CA **Zip Code:** 94533-6340

Financial Officer

Name: Sheila
Title: Acting Auditor-Controller
Phone: (707) 784-6280
Address: 675 Texas Street, Suite 2800
City: Fairfield

Last Name: Turgo
Email: SOTurgo@solanocounty.com
State: California **Zip Code:** 94533-6338

Programmatic Point of Contact:

Name: Jeff
Title: Victim/Witness Program Coordinator
Phone: (707) 784-6287
Address: 675 Texas Street Suite 4500 Fairfield CA 94533
City: Fairfield

Last Name: Lelea
Email: jllelea@solanocounty.com
State: California **Zip Code:** 94533-6340

Financial Point of Contact:

Name: Jason
Title: Staff Analyst (Sr.)
Phone: (707) 784-3267
Address: 675 Texas Street Suite 4500
City: Fairfield

Last Name: Aguirre
Email: jlaguirre@solanocounty.com
State: California **Zip Code:** 94533-6340

Chair of the Governing Body

Name: Mitch
Title: Chair, Board of Supervisors
Phone: (707) 784-6100
Address: 675 Texas Street Suite 6500
City: Fairfield

Last Name: Mashburn
Email: MHMashburn@solanocounty.com
State: California **Zip Code:** 94533-6342

Grant Subaward Authorized Agent

[X] Jason Aguirre

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.

Currently, the CVAU employs nine full time Victim Witness Advocates. seven Advocates are funded by the Main Victim Witness Grant. This includes six general Advocates, and one Spanish Speaking Mass Victimization Advocate. We also employ an additional Spanish Speaking Advocate under our Underserved Victim Grant. Our County General Fund funds The Victim Witness Program Coordinator. All nine advocates are equipped to work with elderly victims and witnesses of crime and have resources available from local area partners and State resources (Cal VCB).

This year we will use funding from to provide the most comprehensive victim services to Victims of violence. Each of our advocates upon hiring is extensively trained in the mandatory services CalOES requires. We have periodic meetings to go over changes in services, but keep up to date with local and state regulations. Each advocate is well versed in what mandatory services we can provide, and also in Marsy's Law. These two pieces are our guiding principles in the Solano County Victim Witness Unit.

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.

Optional services provided directly by our Unit are Employer/ Creditor intervention, Transportation Assistance, Court Waiting Area, some Witness Notification, and Crime Prevention Information. All other optional services are provided through partnership with local community-based advocacy groups.

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.

Our current MVA is fairly new. When she came into the unit, she was brand new to Victim Advocacy. She has been attending MVA forums when available, and we are working on reestablishing connections with pertinent community leaders. If there were an MV incident the information for the Program Coordinator would be used to trigger action by the CVAU.

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.

Volunteers have been a constant hardship for the unit. The type and nature of the work can be overwhelming for volunteers given our hands on nature of the Solano County CVAU. We have tried to utilize volunteers in a clerical manner in the past, but those volunteers typically last only a few months.

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.

Vallejo DA's Office
355 Tuolumne St.
Vallejo, CA 94590
(707) 553-5321

Staff:

Amy Harris (1.0 FTE Advocate)
Adelia Garcia (1.0 FTE Advocate)
Shamar Lewis (.5 PTE Advocate)
Fawziya Abdullah (.5 PTE Office Assistant)

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?	3-10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$1,348,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	No
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Always
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	Yes

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Solano County Sheriff's Office</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Solano County Probation Dept.</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Benicia Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Dixon Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Suisun City Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Vallejo Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Fairfield Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Vacaville Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>
<i>Solano VEST</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2025</i>

Funding Source Allocation

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Available	Available Funding Total	Funding Requested	Cash Match Amount Requested	In-Kind Match Amount Requested	Total Project Costs	
2024 VCGF	2024	State	\$338,680	\$0	\$338,680	\$338,680	\$0	\$0	\$338,680	\$
2024 VOCA	2024	Federal	\$399,759	\$99,940	\$499,699	\$399,759	\$0	\$99,940	\$499,699	\$
2024 VWAO	2024	State	\$73,868	\$0	\$73,868	\$73,868	\$0	\$0	\$73,868	\$
			\$812,307	\$99,940	\$912,247	\$812,307	\$0	\$99,940	\$912,247	

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

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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.

Budget/Project Line-Item *

0.5 FTE Office Assistant II #1 (FA)

Description *

Salary: 0.5 FTE: \$1,459.33 x 12 months
Hourly

Salary Per Month *

[X]Salary
Number of Months *

Hours of Full-Time Workweek *

FTE *	Full-Time Equivalent in Hours	\$2,918.67	12.00	Salary Calculation Total
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.5000 1,040
Does this position provide benefits? *

%

\$17,512

[X]Yes

No

Benefits Percentage ^{*}

Benefits Calculation

43.73 %

\$7,658

Benefits Description *

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance

Calculation Total (Includes Benefits if provided)

\$25,170

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	\$6,507	\$	\$0	\$6,507			
2024 VCGF	2024	State	\$18,663	\$	\$0	\$18,663			
				\$25,170		\$0	\$0	\$0	\$25,170

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	\$25,167	\$	\$0	\$25,167	\$		
				\$25,167		\$0		\$0	\$25,167

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	\$72,063	\$	\$0	\$72,063	\$		
				\$72,063		\$0		\$0	\$72,063

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	\$130,859	\$	\$0	\$130,859	\$		
				\$130,859		\$0		\$0	\$130,859

Navigation Instructions:

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

Budget/Project Line-Item *

1.0 FTE Mass Victimization Advocate (MVP)

Description *

Salary: 1.0 FTE: \$6,191.08 x 12 months
Hourly

Salary Per Month [★]

[X]Salary
Number of Months *

Hours of Full-Time Workweek*

FTE *	Full-Time Equivalent in Hours	\$6,191.08	12.00	%	Salary Calculation Total
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1.0000 2,080
Does this position provide benefits? *

Benefits Percentage ^{*}

Benefits Calculation

[X]Yes

No

68.66 %

\$51,010

Benefits Description *

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance

Calculation Total (Includes Benefits if provided)

\$125,303

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	\$33,375	\$	\$0	\$33,375			
2024 VCGF	2024	State	\$91,928	\$	\$0	\$91,928			
				\$125,303		\$0	\$0	\$0	\$125,303

Personnel Budget Category Form

Navigation Instructions:

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

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (AH)
Description *

Salary: 1.0 FTE: \$7,673.67 x 12 months
Hourly

Salary Per Month *

\$7,673.67

[X]Salary
Number of Months *

12.00

Hours of Full-Time Workweek *

40.00

FTE *

Full-Time Equivalent in Hours

Salary Calculation Total

1.0000

2,080

\$92,084

Does this position provide benefits? *

%

[X]Yes

No

Benefits Percentage *

Benefits Calculation

74.49 %

\$68,593

Benefits Description *

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance

Calculation Total (Includes Benefits if provided)

\$160,677

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	\$128,542	\$	\$0	\$128,542	\$		
2024 VWA0	2024	State	\$32,135	\$	\$0	\$32,135	\$		
				\$160,677		\$0	\$0	\$0	\$160,677

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.

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (AV)

Description *

Salary: 1.0 FTE: \$7,475.08 x 12 months

Hourly

Salary Per Month *

[X]Salary
Number of Months *

Hours of Full-Time Workweek *

FTE *

Full-Time Equivalent in Hours \$7,475

12.00

Salary Calculation Total

40.00

1.0000

2,080

\$89,701

Does this position provide benefits? *

[X]Yes

No

Benefits Percentage ^{*}

63.74 %

Benefits Description *

\$57,175

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance

Calculation Total (Includes Benefits if provided)

\$146,876

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	\$130,376	\$	\$0	\$130,376			
2024 VWA0	2024	State	\$16,494	\$	\$0	\$16,494			
					\$146,870	\$0	\$0	\$0	\$146,870

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.

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (LM)

Description *

Salary: 1.0 FTE: \$6,070.50 x 12 months
Hourly

Salary Per Month [★]

[X]Salary
Number of Months *

Hours of Full-Time Workweek *

FTE *	Full-Time Equivalent in Hours	\$6,070.50	12.00	Salary Calculation Total
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1.0000 2,080
Does this position provide benefits? *

%

\$72,846

[X]Yes

No

Benefits Percentage ^{*}

73.24 %

Benefits Calculation

\$53,352

Benefits Description *

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance

Calculation Total (Includes Benefits if provided)

\$126,198

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	\$100,959	\$	\$0	\$100,959			
2024 VWA0	2024	State	\$25,239	\$	\$0	\$25,239			
				\$126,198		\$0	\$0	\$0	\$126,198

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item
de Minimus Indirect Cost Rate

Indirect Cost Rate
15% De Minimis

Description/Justification
Used for administrative salaries and overhead.

Calculation Method
\$666,267 x 15%

Calculation Total
\$99,940

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	\$	\$	\$99,940	\$99,940	\$99,940	\$	
			\$0	\$0	\$99,940	\$99,940	\$99,940		

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:

Signature:

Title:

Date: