

Application Information Form

Program:*Victim/Witness Assistance - VW25***Grant Subaward Performance Period:***10/01/2025**to**09/30/2026***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****Primary Location of Project/Services****Address***675 Texas Street Suite 4500 Fairfield CA 94533***Address 2****City:***Fairfield***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
City: Fairfield

Last Name: Abrams
Email: kabrams@solanocounty.com
State: California **Zip Code:** 94533

Financial Officer

Name: Janine
Title: Chief Deputy Auditor-Controller
Phone: (707) 784-6566
Address: 675 Texas Street, Suite 2800
City: Fairfield

Last Name: Harris
Email: JMHarris@solanocounty.com
State: California **Zip Code:** 94533

Programmatic Point of Contact:

Name: Jeff
Title: Victim Witness Program Coordinator
Phone: (707) 784-6827
Address: 675 Texas Street, Suite 4500
City: Fairfield

Last Name: Lelea
Email: jllelea@solanocounty.gov
State: California **Zip Code:** 94533

Financial Point of Contact:

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

Last Name: Aguirre
Email: JLAguirre@solanocounty.gov
State: California **Zip Code:** 94533

Chair of the Governing Body

Name:
Title:
Phone:
Address:
City:

Last Name:
Email:
State: **Zip Code:**

Grant Subaward Authorized Agent

[X] Jason Aguirre

Grant Subaward Assurances Form

Navigation Instructions:

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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	<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 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 *

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.

Currently, the CVAU employs seven Victim Witness Advocates (Victim Witness Assistants) and one part time Office Assistant. Seven Advocates (VW Assistants) and part time Office Assistant are funded by the Main Victim Witness Grant. This includes six general Advocates (VW Assistants), 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 seven 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 *

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 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.

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 4 *

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)
Lauren Michaelson (1.0 FTE Advocate)
Shamar Lewis (.5 PTE Advocate)
Fawziya Abdullah (.5 PTE Office Assistant)*

Question 5 *

This section is for additional space to answer Question 4.

N/A

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.

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.

Required Document #1

VOCA Match Waiver Request

Document #1 Template

*No Match Waiver Requested.docx **

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

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>09/30/2026</i>
<i>Solano County Probation Dept.</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Benicia Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Dixon Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Suisun City Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Vallejo Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Fairfield Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Vacaville Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>
<i>Solano VEST</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2026</i>

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	\$308,747	\$0	\$308,747	\$308,747	\$0	\$0	\$308,747
2025 VOCA	2025	Federal	\$397,767	\$0	\$397,767	\$397,767	\$0	\$0	\$397,767
2025 VWA0	2025	State	\$68,377	\$0	\$68,377	\$68,377	\$0	\$0	\$68,377
			\$774,891	\$0	\$774,891	\$774,891	\$0	\$0	\$774,891

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**

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 *

1.0 FTE Victim Witness Assistant #1 (LM)

Description *

Salary: 1.0 FTE: \$5,575.08 x 12 months; charging less than \$6,341.68 monthly salary

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$5,575.08

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$66,901

Does this position provide benefits? *

Benefits Calculation

☒ Yes

☐ No

Benefits Percentage *

74.95 %

\$50,142

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$117,043

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	\$93,204		\$0	\$93,204	\$		
2025 VCGF	2025	State	\$23,839		\$0	\$23,839	\$		
\$117,043					\$0		\$0	\$0	\$117,043

Personnel Budget Category Form

Navigation Instructions:

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

Personnel Costs

Budget/Project Line-Item *

1.0 FTE Mass Victimization Advocate (MVP)

Description *

Salary: 1.0 FTE: \$6,003.83 x 12 months; charging less of the \$6,341.68 monthly salary

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$6,003.86

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$72,046

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

66.55 %

\$47,947

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$119,993

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	\$96,429		\$0	\$96,429	\$		
2025 VCGF	2025	State	\$23,564		\$0	\$23,564	\$		
\$119,993					\$0		\$0	\$0	\$119,993

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (BE)

Description *

Salary: 1.0 FTE: \$6,776.58 x 12 months; charging less than \$7,341.28 monthly salary

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$6,777.13

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$81,326

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

50.08 %

\$40,728

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$122,054

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	\$18,664		\$0	\$18,664	\$		
2025 VWA0	2025	State	\$41,452		\$0	\$41,452	\$		
2025 VCGF	2025	State	\$61,938		\$0	\$61,938			
\$122,054					\$0		\$0	\$0	\$122,054

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (AH)

Description *

Salary: 1.0 FTE: \$7,115.42 x 12 months; charging less than \$7,341.28 monthly salary

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$7,115.42

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$85,385

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

75.33 %

\$64,321

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$149,706

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	\$76,094		\$0	\$76,094	\$		
2025 VWA0	2025	State	\$26,925		\$0	\$26,925	\$		
2025 VCGF	2025	State	\$46,687		\$0	\$46,687			
\$149,706					\$0		\$0	\$0	\$149,706

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

0.5 FTE Office Assistant II #1 (FA)

Description *

To do general clerical duties to help the operations of the Unit. The duties include: Building physical files for new cases. Ordering Police reports from proper agencies. Routing voicemails left on voicemail system to proper advocate. At times Office Assistants will help put together Victim Compensation claims together with Advocates. The Office assistants are integral to the operation of the Victim Witness Unit.

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$5,048.00

12.00

20.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

0.5000

1,040

\$30,288

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

55.71 %

\$16,873

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$47,161

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		\$47,161		\$0	\$47,161	\$		
\$47,161						\$0		\$0	\$0	\$47,161

Personnel Budget Category Form

Navigation Instructions:

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Personnel Costs

Budget/Project Line-Item *

0.5 FTE Office Assistant II #1 (KT)

Description *

To do general clerical duties to help the operations of the Unit. The duties include: Building physical files for new cases. Ordering Police reports from proper agencies. Routing voicemails left on voicemail system to proper advocate. At times Office Assistants will help put together Victim Compensation claims together with Advocates. The Office assistants are integral to the operation of the Victim Witness Unit.

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$5,468.72

12.00

20.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

0.5000

1,040

\$32,812

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

51.42 %

\$16,872

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$49,684

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		\$49,684		\$0	\$49,684	\$		
\$49,684						\$0		\$0	\$0	\$49,684

Personnel Budget Category Form

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Personnel Costs

Budget/Project Line-Item *

0.5 FTE Victim Witness Assistant #1 (SL)

Description *

Salary: 0.5 FTE: \$3,670.67 x 12 months

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$7,341.34

12.00

20.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

0.5000

1,040

\$44,048

Does this position provide benefits? *

Benefits Calculation

☒ Yes

☐ No

Benefits Percentage *

64.06 %

\$28,217

Benefits Description *

Benefits include: Retirement, 457 match, OPEB, FICA, Medical, Vision, Dental, Life Insurance,
Calculation Total (Includes Benefits if provided)

\$72,265

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		\$19,276		\$0	\$19,276	\$		
2025 VOCA	2025	Federal		\$52,989		\$0	\$52,989	\$		
					\$72,265		\$0	\$0	\$0	\$72,265

Personnel Budget Category Form

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Personnel Costs

Budget/Project Line-Item *

1.0 FTE Victim Witness Assistant #1 (AV)

Description *

Salary: 1.0 FTE: \$4,906.58 x 12 months; charging less than \$7,341.28 monthly salary

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$4,906.58

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$58,879

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

64.72 %

\$38,106

Benefits Description *

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

Calculation Total (Includes Benefits if provided)

\$96,985

Fund Source Allocations

Fund Source Allocations Instructions

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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	\$60,387		\$0	\$60,387	\$		
2025 VCGF	2025	State	\$36,598		\$0	\$36,598	\$		
\$96,985					\$0		\$0	\$0	\$96,985

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. 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:

Signature:

Title:

Date: