Application Information Form

Program:
Victim Witness Assistance - VW26

Grant Subaward Performance Period:
10/01/2026 to 09/30/2027

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 St

Address 2

City:
Fairfield

County:
Solano County

Zip Code:
94533-6340

Contact Information Form

Grant Subaward Contacts

Grant Subaward Director

First Name:	Krishna	**Last Name:**	Abrams		
Title:	District Attorney				
Phone:	(707) 784-6800	**Email:**	kabrams@solanocounty.gov		
Address:	675 Texas Street, Suite 4500				
City:	Fairfield	**State:**	California	**Zip Code:**	94533

Financial Officer

Name:	Janine	**Last Name:**	Harris		
Title:	Chief Deputy Auditor-Controller				
Phone:	(707) 784-6566	**Email:**	JMHarris@solanocounty.com		
Address:	675 Texas Street, Suite 2800				
City:	Fairfield	**State:**	California	**Zip Code:**	94533

Programmatic Point of Contact:

Name:	Jeff	**Last Name:**	Lelea		
Title:	Victim Witness Program Coordinator707-7846827				
Phone:	(707) 784-6827	**Email:**	jllelea@solanocounty.gov		
Address:	675 Texas Street, Suite 4500				
City:	Fairfield	**State:**	California	**Zip Code:**	94533

Financial Point of Contact:

Name:	Gina	**Last Name:**	Chen		
Title:	Staff Analyst (Sr.)				
Phone:	(707) 784-3436	**Email:**	gchen@solanocounty.gov		
Address:	675 Texas Street, Suite 4500				
City:	Fairfield	**State:**	California	**Zip Code:**	94533

Chair of the Governing Body

Name:		**Last Name:**			
Title:					
Phone:		**Email:**			
Address:					
City:		**State:**		**Zip Code:**	

Grant Subaward Authorized Agent

[X] Gina Chen

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 - 2026 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. *

[X]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 $30,000,000 or more in federal funds in the preceding fiscal years? * [ ]Yes [X]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 2026-27 Grant Subaward performance period.
The Solano County District Attorney's Victim/Witness Unit will continue to provide all mandatory Victim/Witness (VW) Supplemental Program services during the 2026–27 Grant Subaward performance period. The Main Victim/Witness Grant funds five general Victim Witness Advocates, one Spanish-speaking Mass Victimization Advocate, and two part-time Office Assistants. An additional Spanish-speaking Victim Witness Advocate is funded through the Underserved Victim Grant, while the County General Fund supports the Victim/Witness Program Coordinator. All advocates are cross-trained to provide comprehensive services to victims and witnesses of crime, including elderly victims, and work closely with local community partners and the California Victim Compensation Board to ensure victims receive the support and resources they need.

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.
The Solano County District Attorney's Victim/Witness Assistance Center maintains a Mass Victimization (MV) Response Plan to provide coordinated crisis intervention, victim advocacy, resource referrals, and compensation assistance to victims and survivors of crime-related mass victimization. The Center works closely with local law enforcement, hospitals, and other community partners to ensure a timely and coordinated response. After normal business hours, victims may contact 911 for emergencies or the Solano County Sheriff's Office Dispatch at (707) 421-7090 to reach the on-call Victim/Witness Advocate.

Question 4

List the name and contact information for your county's Mass Victimization Advocate.
Mellissa Vences-Pino
DA Fairfield Office
675 Texas Street, Ste. 4500, Fairfield, CA 94533
707-784-6844

Question 5

List information for all VW Center field offices in the county, including address(es), telephone number(s), employees assigned to each office, days/hours of operation, 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 (0.5 FTE Advocate)
Andrea Elliott (0.5 FTE Office Assistant)
Fairfield DA's Office
675 Texas Street, Ste. 4500
Fairfield, Ca 94533
Staff:
Brooks Elliott (1.0 FTE Advocate)
Vela Andrea (1.0 FTE Advocate)
Susan Perthes (EH Advocate)
Melissa Vences-Pino (1.0 FTE Mass Victimization Advocate)
Fawziya Abdullah (0.5 FTE Office Assistant)

Question 6

This section is for additional space to answer Question 5.
N/A

Question 7

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. We have tried to utilize volunteers in a clerical manner in the past, but those volunteers typically last only a few months.

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?	$1,500,000
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
Solano County Sheriff's Office	09/13/2024	10/01/2024	09/30/2028
Solano County Probation Dept.	09/13/2024	10/01/2024	09/30/2028
Benicia Police Department	09/13/2024	10/01/2024	09/30/2028
Dixon Police Department	09/13/2024	10/01/2024	09/30/2028
Suisun City Police Department	09/13/2024	10/01/2024	09/30/2028
Vallejo Police Department	09/13/2024	10/01/2024	09/30/2028
Fairfield Police Department	09/13/2024	10/01/2024	09/30/2028
Vacaville Police Department	09/13/2024	10/01/2024	09/30/2028
Solano VEST	09/13/2024	10/01/2024	09/30/2028

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
2026 VCGF	2026	State	$156,898			$156,898			**$156,898**
2026 VOCA	2026	Federal	$549,851	$137,463	**$687,314**	$549,851			
2026 VWA0	2026	State	$68,412			$68,412			
			$775,161	**$137,463**	**$844,212**	**$775,161**	**$0**	**$0**	**$156,898**

Budget Cost Categories

Cost Form Selection(s)

[X]**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

Personnel Costs

Budget/Project Line-Item
1.0 FTE Victim Witness Assistant #3 LM

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
40.00

FTE

Full-Time Equivalent in Hours
2,080

Salary Calculation Total
$83,634

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

Benefits Percentage
43.13 %

Benefits Calculation
$36,072

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

Calculation Total (Includes Benefits if provided)
$119,706

Fund 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
2026 VOCA	2026	Federal	$119,706			$0	$119,706	
			$119,706	**$0**	**$0**	$0	**$119,706**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
1.0 FTE Victim Witness Assistant #1 (BE)

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
40.00

FTE

Full-Time Equivalent in Hours
2,080

Salary Calculation Total
$93,867

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

Benefits Percentage
32.38 %

Benefits Calculation
$30,394

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

Calculation Total (Includes Benefits if provided)
$124,261

Fund 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
2026 VCGF	2026	State	$10,468			$0	$10,468	
2026 VOCA	2026	Federal	$$$$113,793			$$$$0	$$$$113,793	
			$124,261	**$0**	**$0**	$0	**$124,261**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
1.0 FTE Mass Vict. Advocate

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities. Receives case referrals from a variety of sources to provide services which include crisis intervention, service needs assessment, court orientations and escorts.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
40.00

FTE

Full-Time Equivalent in Hours
2,080

Salary Calculation Total
$91,681

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

Benefits Percentage
40.00 %

Benefits Calculation
$36,673

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

Calculation Total (Includes Benefits if provided)
$128,354

Fund 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
2026 VOCA	2026	Federal	$96,429			$0	$96,429	
2026 VWA0	2026	State	$$$$31,925			$$$$0	$$$$31,925	
			$128,354	**$0**	**$0**	$0	**$128,354**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
1.0 FTE Victim Witness Assistant #2 AH

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
40.00

FTE

Full-Time Equivalent in Hours
2,080

Salary Calculation Total
$110,225

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

Benefits Percentage
43.26 %

Benefits Calculation
$47,683

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

Calculation Total (Includes Benefits if provided)
$157,908

Fund 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
2026 VOCA	2026	Federal	$121,421			$0	$121,421	
2026 VWA0	2026	State	$$$$36,487			$$$$0	$$$$36,487	
			$157,908	**$0**	**$0**	$0	**$157,908**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
0.5 FTE Office Assistant II

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** [X]**Salary**

Salary Per Month

Number of Months

Hours of Full-Time Workweek
20.00

FTE

Full-Time Equivalent in Hours
1,040

Salary Calculation Total
$19,964

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

Benefits Percentage
32.48 %

Benefits Calculation
$6,484

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

Calculation Total (Includes Benefits if provided)
$26,448

Fund 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
2026 VOCA	2026	Federal	$26,448			$0	$26,448	
			$26,448	**$0**	**$0**	$0	**$26,448**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
Extra Help Victim Witness Assistant

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

[X]**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 % $35,408

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

Benefits Percentage **Benefits Calculation**
7.65 % $2,709

Benefits Description
FICA

Calculation Total (Includes Benefits if provided)
$38,117

Fund 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
2026 VOCA	2026	Federal	$38,117			$0	$38,117	
			$38,117	**$0**	**$0**	$0	**$38,117**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
0.5 FTE Office Assistant II

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** [X]**Salary**

Salary Per Month

Number of Months

Hours of Full-Time Workweek
20.00

FTE

Full-Time Equivalent in Hours
1,040

Salary Calculation Total
$39,924

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

Benefits Percentage
32.49 %

Benefits Calculation
$12,971

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

Calculation Total (Includes Benefits if provided)
$52,895

Fund 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
2026 VCGF	2026	State	$52,895			$0	$52,895	
			$52,895	**$0**	**$0**	$0	**$52,895**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
1.0 FTE Victim Witness Assistant #4 AV

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
40.00

FTE

Full-Time Equivalent in Hours
2,080

Salary Calculation Total
$38,331

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

Benefits Percentage
39.24 %

Benefits Calculation
$15,041

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

Calculation Total (Includes Benefits if provided)
$53,372

Fund 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
2026 VCGF	2026	State	$19,435			$0	$19,435	
2026 VOCA	2026	Federal	$$$$33,937			$$$$0	$$$$33,937	
			$53,372	**$0**	**$0**	$0	**$53,372**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
0.5 FTE Victim Witness Assistant #5 SL

Description
Assists victims of serious crime with obtaining support services and assists prosecuting attorneys by providing court support and witness coordination activities; performs related duties as required.

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

Salary Per Month

Number of Months

Hours of Full-Time Workweek
20.00

FTE

Full-Time Equivalent in Hours
1,040

Salary Calculation Total
$53,386

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

Benefits Percentage
38.80 %

Benefits Calculation
$20,714

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

Calculation Total (Includes Benefits if provided)
$74,100

Fund 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
2026 VCGF	2026	State	$74,100			$0	$74,100	
			$74,100	**$0**	**$0**	$0	**$74,100**	

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:**