

Application Information Form

Program:*Unserved/Underserved Victim Advocacy and Outreach - UV25***Grant Subaward Performance Period:***01/01/2026 to 12/31/2026***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***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

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

Grant Subaward Financial Officer

* **Person:** Janine Harris
 * **First 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

Grant Subaward Programmatic Point of Contact:

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

Grant Subaward Financial Point of Contact:

* **Person:** Jason Aguirre
 * **First Name:** Jason * **Last Name:** Aguirre
 * **Title:** Staff Analyst (Sr.)
 * **Phone:** (707) 784-3267 * **Email:** JLAguirre@solanocounty.gov
 * **Address:** 675 Texas St
 * **City:** Fairfield * **State:** California * **Zip Code:** 94533

Chair of the Governing Body

* **Person:** Other
 * **First Name:** Mitch * **Last Name:** Mashburn
 * **Title:** Chair, Board of Supervisors
 * **Phone:** (707) 784-6100 * **Email:** MHMashburn@solanocounty.gov
 * **Address:** 675 Texas Street Suite 6500
 * **City:** Fairfield * **State:** California * **Zip Code:** 94533-6342

Grant Subaward Authorized Agent☒ *Jason Aguirre*☐ *Krishna Abrams*

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.
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Form Specific Instructions:

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

Applicable Grant Subaward Assurances

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

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

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

☒ Subrecipient expends \$1,000,000 or more in federal funds annually.

☐ Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? * ☐ Yes ☒ No

Programmatic Narrative Form

Navigation Instructions:

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

Narrative Questions/Responses

Question 1 *

*Describe how crisis intervention services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period.
*

The District Attorney's Victim Witness Assistance Unit will use project funds to employ one (1) full-time bilingual Spanish Victim Witness Advocate dedicated to support the unserved/underserved Spanish speaking population of Solano County. The primary goal is to continue to provide crisis intervention services through trauma informed, culturally sensitive direct services to Spanish speaking victims that reduce the severity of the consequences of revictimization while going through the criminal justice system. Understanding the nature of trauma and the cultural impact on Spanish speaking victims will greatly improve our ability to respond to their emotional and physical needs, support them through legal processes and encounters with law enforcement, stabilize their lives after victimization, and support them in accessing other needed services.

The second goal is to provide outreach to the Spanish speaking community through direct services and written materials that raise the awareness of crime, its traumatic impact on the individual and community, and ensure a victim's safety and security when accessing needed services. It is our hope that these combined efforts will build and restore a Spanish speaking victim's faith in the legal system and increase their willingness to participate in the criminal justice process. In our trauma informed approach, we understand that there is a physical, social, and emotional impact of trauma on the individual and on the professionals serving them. We recognize that although each individual's experience of trauma and responses to it may be different, society tends to minimize violence against victims such as women, people of color, crimes involving non-stranger offenders, alcohol, sexually exploited victims and crimes committed without the use of traditional weapons such as knives and guns. We take into consideration the victim may have experienced significant past trauma that may be independent or cross over into the current trauma. We recognize that the manner in which we respond to victims should fully support the victim to avoid triggering the individual and any re-traumatization. The Advocate will work to ensure the prosecutors and law enforcement staff working with the victim understands trauma informed practices.

Question 2 *

*
Describe how counseling services will be provided to the identified unserved/underserved victim/survivor crime group(s) during the 12-month performance period.
*

Our Spanish speaking Advocate is trained to provide culturally sensitive Crisis Intervention to victims when the need arises. This is typically done in situations where safety planning is needed or when a victim (or family member) is in crisis. An advocate helps abate the crisis or provide resources to help.

Our advocates are also in contact with counselors that are monolingual Spanish speaking and work with the Solano County community. These counselors have been vetted by the Victim Witness Program Coordinator. There is an on-going effort to keep the counseling list updated.

Even though the UV Grant employs one bilingual Spanish speaking Advocate, the Unit is fortunate to have another Victim Advocate who is bilingual. Between the two advocates, the Spanish speaking victims are provided constant updates to their cases and also have the option to be accompanied to hearings if they decide to attend.

Question 3 *

*Describe how outreach services will be provided to the identified unserved/underserved victim/survivor crime group(s).
*

The Solano County District Attorney's Office is very active in the community, and the Victim Witness Unit is very much involved in those efforts. The UV Advocate is at many of the fairs, workshops, special events the District Attorney's Office attends to promote the services and resources available to Spanish Speaking victims of crime. The Victim Witness Program Coordinator also works with local law enforcement and non-profit agencies to promote the available services and resources.

Question 4 *

*Describe how criminal justice support and advocacy services will be provided to the identified unserved/underserved victim/survivor crime group(s).
*

The Solano County Victim Witness Unit takes pride in our face to face and very hands-on approach to victim services. Fulfilling the program components of the UV Grant will happen on a daily basis. After training, advocates have a good grasp on how to offer and administer direct services to victims. Crisis Intervention, Counseling and Criminal Court Support (Information and Advocacy) will be implemented in the daily interactions that advocates have with victims. Our Spanish speaking advocate is trained to provide culturally sensitive crisis intervention to victims when the need arises. This is typically done in situations where safety planning is needed or a victim (or family member) is in crisis. An advocate helps abate the crisis or provide resources to help. Our advocates are also in contact with counselors that are bilingual Spanish speaking and work in the Solano County community. These counselors have been vetted by the Victim Witness Program Coordinator, with an on-going effort to keep the counseling list updated. Even though the UV Grant employs one bilingual Spanish speaking advocate, the Unit is fortunate to have another Victim Advocate who is bilingual. Between the two, the Spanish speaking victims are provided constant updates to their cases and have the option to be accompanied to hearings, if they decide to attend.

Question 5 *

*
Describe the plan to assist unserved/underserved victims/survivors of crime with applying for compensation benefits through the California Victim Compensation Board.
*

An important resource that advocates use for crime victims is the California Victim Compensation Program. Advocates are trained extensively in CalVCB with one of the first interactions that advocates have is to offer services through the claim process with the CalVCB. Emergency financial services are fulfilled through our partnership with our victim service partners. These partnerships are set in place through our operational agreements that cover not just our UV Grant but our VW Grant as well.

Question 6 *

*Describe the plan to maintain staff that are suitably equipped to execute all program components.
*

The Victim Witness Program Coordinator works closely with the UV Advocate to make sure that she is fully knowledgeable about the resources available to our victims. This includes making sure our mental health clinician roster is up to date. The Program Coordinator also seeks out training opportunities from CCVAA and CDAA that can provide a better understanding of types of victimization such as strangulation. Equipment such as laptop computers, cell phones, and printers are all issued to our Advocates.

Question 7 *

*Describe how cultural sensitivity training specific to the identified victim/survivor population is provided for all staff.
*

The Solano County Office of Education (SCOE) provides cultural sensitivity training through their Professional Development and Community Healing trainings. SCOE can tailor cultural sensitivity training to meet the needs of both our UV grant staff and Victim Witness Advocates in the Solano County District Attorney's Office. SCOE trainings can be offered as a single session or as a series of sessions.

Question 8 *

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

Our plan to utilize volunteers will include keeping our list of Spanish speaking mental health and service providers current. Volunteers provide some relief from clerical and logistical duties so that our advocate can give the majority of their time to victims

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>09/30/2028</i>
<i>Solano County Probation</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Benicia Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Dixon Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Suisun City Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Vallejo Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Fairfield Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Vacaville Police Department</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Solano VEST</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</i>
<i>Napa/Solano SANE-SART</i>	<i>09/13/2024</i>	<i>10/01/2024</i>	<i>09/30/2028</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	\$86,048	\$0	\$86,048	\$86,048	\$0	\$0	\$86,048
2025 VOCA	2025	Federal	\$110,858	\$27,715	\$138,573	\$110,858	\$27,715	\$0	\$138,573
			\$196,906	\$27,715	\$224,621	\$196,906	\$27,715	\$0	\$224,621

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

Description *

The Victim Assistant provides direct victim advocacy services to clients of the UV Grant program such as crisis intervention, court accompaniment, referrals for mental health services, assistance with CalVCB claims, and matters related to Marsy's law.

[] Hourly

[X] Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$6,127.26

12.00

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$73,527

Does this position provide benefits? *

[X] Yes

[] No

Benefits Percentage *

Benefits Calculation

63.98 %

\$47,043

Benefits Description *

Benefits include: Retirement, 457 Match, OPEB, FICA, Medical, Vision, Dental and Life Ins.

Calculation Total (Includes Benefits if provided)

\$120,570

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 Requirements	Federal Fund
2025 VCGF	2025	State	\$60,286		\$0	\$60,286			
2025 VOCA	2025	Federal	\$60,284		\$0	\$60,284		Not Applicable	
\$120,570					\$0		\$0	\$0	\$120,570

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

Description *

The Victim Assistant provides direct victim advocacy services to clients of UV Grant Program such as crisis intervention, court accompaniment, referrals for mental health services, assistance with CalVCB claims and matters related to Marsy's law

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$6,608.90

2.50

40.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

1.0000

2,080

\$16,522

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

64.42 %

\$10,644

Benefits Description *

Benefits include: Retirement, 457 Match, OPEB, FICA, Medical, Vision, Dental and Life Ins.

Calculation Total (Includes Benefits if provided)

\$27,166

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		\$27,166		\$0	\$27,166			
					\$27,166		\$0	\$0	\$0	\$27,166

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 *

0.5 FTE Office Assistant II #1

Description *

The office Assistant II provides administrative support to the victim witness assistance assigned to the UV Grant program such as intake support when we onboard a new client, tracking statistics for reporting, routing cases to the assigned UV victim witness assistant that are appropriate for the Grant program.

☐ Hourly

☒ Salary

Salary Per
Month *

Number of
Months *

Hours of Full-Time
Workweek *

\$5,468.75

12.00

20.00

FTE *

Full-Time Equivalent in
Hours

Salary Calculation Total

%

0.5000

1,040

\$32,813

Does this position provide benefits? *

☒ Yes

☐ No

Benefits Percentage *

Benefits Calculation

49.85 %

\$16,357

Benefits Description *

Benefits include: Retirement, 457 Match, OPEB, FICA, Medical, Vision, Dental, Life Ins.

Calculation Total (Includes Benefits if provided)

\$49,170

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		\$25,762				\$0	\$25,762				
2025 VOCA	2025	Federal		\$23,408				\$0	\$23,408			Not Applicable	
\$49,170								\$0			\$0	\$0	\$49,170

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item

Using de Minimus Indirect Cost Rate

Indirect Cost Rate

15% De Minimis

Description/Justification

Using for administrative salaries benefits and overhead costs

Calculation Method

$\$224,621 \times .15 = \$195,323$
 $\$224,621 - \$195,323$ (MDTC) = $\$29,298$ (Charging
Less $\$27,715$)

Calculation Total

$\$27,715$

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	
2025 VOCA	2025	Federal		\$27,715		\$27,715	\$27,715		
			\$0	\$27,715	\$0	\$27,715	\$27,715		

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: