

Application Information Form

Program:*Victim/Witness Assistance - VW24***Grant Subaward Performance Period:***10/01/2024*

to

*09/30/2025***Subrecipient:***County of San Bernardino - District Attorney's Office***Subrecipient UEI:***E81BMEGBU6R3***Subrecipient Federal Employer ID:***95-6002749***Implementing Agency:***San Bernardino County District Attorney's Office***Payment Address***303 W 3RD ST, FL 6
SN BERNRDNO
California
San Bernardino County
92415-0502***Primary Location of Project/Services****Address***303 W 3RD ST***City:***SN BERNRDNO***Address 2****County:***San Bernardino County***Zip Code:***92415-0502*

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.

Grant Subaward Contacts

Grant Subaward Director

First Name: *Flerida*
Title: *Chief, Bureau of Victim Services*
Phone: *(909) 382-3669*
Address: *303 W 3RD ST*
City: *SN BERNRDNO*

Last Name: *Alarcon*
Email: *falarcon@sbcda.org*
State: *California* **Zip Code:** *92415-0502*

Financial Officer

Name: *Claudia*
Title: *Chief, Bureau of Administration*
Phone: *(909) 382-7689*
Address: *303 W 3RD ST*
City: *SN BERNRDNO*

Last Name: *Walker*
Email: *cwalker@sbcda.org*
State: *California* **Zip Code:** *92415-0502*

Programmatic Point of Contact:

Name: *Flerida*
Title: *Chief, Bureau of Victim Services*
Phone: *(909) 382-3669*
Address: *303 W 3RD ST*
City: *SN BERNRDNO*

Last Name: *Alarcon*
Email: *falarcon@sbcda.org*
State: *California* **Zip Code:** *92415-0502*

Financial Point of Contact:

Name: *Karen*
Title: *Administrative Supervisor*
Phone: *(909) 382-3674*
Address: *303 W 3RD ST*
City: *SN BERNRDNO*

Last Name: *White*
Email: *kwhite@sbcda.org*
State: *California* **Zip Code:** *92415-0502*

Chair of the Governing Body

Name: *Dawn*
Title: *Chair, Board of Supervisors*
Phone: *(909) 387-4855*
Address: *385 N Arrowhead Ave, 5th Floor*
City: *San Bernardino*

Last Name: *Rowe*
Email: *dawn.rowe@bos.sbcounty.gov*
State: *California* **Zip Code:** *92415-0110*

Grant Subaward Authorized Agent

Claudia Walker

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



**Federal Fund Grant Subaward Assurances
Victims of Crime Act Victim Assistance Formula Grant
Program – 2024 VOCA**

Subrecipients agree to adhere to the following and ensure these assurances are passed down to Second-Tier Subrecipients.

Cal OES has not received the federal fiscal year 2024 Victims of Crime Act Victim Assistance Formula Grant Program Award; therefore, the applicable assurances are not yet available.

When funds become available, this document will be updated with the applicable assurances. All impacted Subrecipients will be notified to log in and certify compliance with the updated Federal Fund Grant Subaward Assurance.

This must be done prior to reporting expenditures and requesting payment for the applicable fund source.



Program Standard Assurances Addendum

As the duly authorized representative of the Applicant/Subrecipient, I hereby certify that the Applicant/Subrecipient, and any of its second-tier subrecipients or representatives, will comply with all applicable local, state, and federal statutes, including but not limited to the following state and federal statutes prohibiting hate-based conduct:

- (a) California Penal Code section 422.6(a);
- (b) California Penal Code section 404.6;
- (c) California Penal Code section 422(a);
- (d) California Civil Code section 52.1;
- (e) 18 U.S.C. § 249;
- (f) 42 U.S.C. § 3631;
- (g) 18 U.S.C. § 247; and
- (h) 18 U.S.C. § 241, 245.

Additionally, Applicant/Subrecipient will not engage, and certifies that it will take steps to ensure that its second-tier subrecipients and representatives do not engage, in conduct contrary to the purposes of the grant program and/or that threatens the safety and security of Californians, including, but not limited to, acts of violence or unlawful intimidation on the basis of race, gender, religion, national origin, sexual orientation, or other protected classifications. Prohibited conduct includes, but is not limited to, violation of the federal and state laws identified herein.

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.



Standard Assurances of Compliance

I hereby certify that the Subrecipient is responsible for reviewing the Subrecipient Handbook (SRH) and adhering to all of the Grant Subaward requirements as directed by Cal OES including, but not limited to, the following areas:

I. Civil Rights Compliance – SRH Section 2.020

The Subrecipient acknowledges awareness of, and the responsibility to comply with all state and federal civil rights laws. The Subrecipient certifies it will not discriminate in the delivery of services or benefits based on any protected class and will comply with all requirements of this section of the SRH.

II. Equal Employment Opportunity – SRH Section 2.025

The Subrecipient certifies it will promote Equal Employment Opportunity by prohibiting discrimination or harassment in employment because of any status protected by state or federal law and will comply with all requirements of this section of the SRH.

III. Drug-Free Workplace Act of 1990 – SRH Section 2.030

The Subrecipient certifies it will comply with the Drug-Free Workplace Act of 1990 and all other requirements of this section of the SRH.

IV. Lobbying – SRH Sections 2.040 and 4.105

The Subrecipient certifies it will not use Grant Subaward funds, property, or funded positions for any lobbying activities and will comply with all requirements of this section of the SRH.

All appropriate documentation must be maintained on file by the Subrecipient and available for Cal OES upon request. Failure to comply with these requirements may result in suspension of payments under the Grant Subaward(s), termination of the Grant Subaward(s), and/or ineligibility for future Grant Subawards if Cal OES determines that any of the following has occurred: (1) the Subrecipient has made false certification, or (2) the Subrecipient violated the certification by failing to carry out the requirements as noted above.

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.

The San Bernardino County District Attorney's Bureau of Victim Services victim advocates working under the Victim/Witness Assistance program grant allocate 100% of their time to the Victim/Witness Assistance program. Victim advocates are highly qualified, well-trained professionals that have met the mandatory, and optional, educational requirements to effectively provide services under PC13835. The victim advocates advise survivors of their rights under Marsy's Law and provide trauma informed services such as direct counseling and referrals to other more appropriate resources for victims and families who have professional counseling needs, guidance in applying for assistance through the California Victim Compensation Board program, emergency relocation, temporary lodging, funeral/burial assistance, and addressing emergency needs for food and clothing.

The primary program goal of the Bureau of Victim Services is to provide mandatory services expeditiously to victims of all crime types to minimize the traumatic impact of crime upon the victim. Assistance includes crisis intervention (In-person contact at a Victim Witness Center or telephonic contact with a victim soon after a crime has occurred), referrals to other agencies, orientation to the criminal justice system to include case updates and providing court accompaniment/support, property return, family/friend notification, employer notification and intervention upon request of the victim, and restitution. Victim advocates will also conduct field visits to aid victims living in remote areas who do not have the ability to reach a center. To accomplish our goal of providing comprehensive assistance to crime victims, advocate staff are assigned to all District Attorney Offices including our remote annex office in the city of Needles, the Children's Assessment Center of San Bernardino, Arrowhead Regional Medical Center's Emergency Room, San Bernardino County Sheriff's Department, Ontario Police Department, Fontana Police Department, and Barstow Police Department. Within the regional service centers, the victim advocates are assigned to general prosecution felony and misdemeanor units as well as specialized prosecutorial units that are primarily focused on crimes related to human trafficking, gangs, elder abuse, family violence, crimes against children, cold case, lifer parole unit, death penalty, juvenile cases, general prosecution, and major crimes units.

Question 2

This section is for additional space to answer Question 1.

Victim advocates will also conduct presentations and training for criminal justice agencies regarding the services our program provides and will include an explanation of victims' rights and their needs. Outreach activities and presentations will continue to be conducted. Victim advocates will attend meetings and events at local colleges, community centers, senior centers, town hall meetings, the San Bernardino County Fair, law enforcement briefings, and local civic gatherings. Victim advocates will participate in National Crime Victims' Rights Week events as well as National Night Out.

Question 3

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.

Our Victim Services Center will also provide optional services to include assistance with creditor intervention, arranging for childcare assistance, witness notification, funeral arrangements, providing crime prevention information, witness protection in the form of arranging for law enforcement protection, transportation assistance, and a court waiting area. These services will be provided under the rubric of California Penal Code 13835.

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.

On March 23, 2018, the District Attorney's Office established and developed a completed crisis response plan and protocol. The plan contains structured provisions related to need assessments, emergency assistance, resource and referral, and advocate mobilization protocols within the District Attorney's office. Additionally, the plan highlights advocate responses and advocate/officewide expectations before, during, and after a critical incident of mass violence. Moreover, our plan provides guidance on responding with, and providing mutual aid, for neighboring victim witness assistance centers, the California Victim Compensation Board program and Cal OES. Our plan and protocols will be reviewed yearly for updates and reviewed for revisions, best practices, and emerging trends by the Victim Services Bureau Chief and the Assistant Chief.

The after hours contact persons for our program are:

Florida Alarcon, Victim Services Chief-cell: 909-553-6534

Alfred Moore, Victim Services Assistant Chief-cell: 909-709-6317

Lucy Drake, Supervising Victim Advocate-cell: 909-499-2055

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 are recruited through the San Bernardino County District Attorney website and through the outreach efforts made by our staff at local community centers and at various college campuses. All prospective volunteers are required to complete an application that is screened by the volunteer coordinator. The volunteer coordinator and a supervising victim advocate will interview the volunteer, asking a series of questions regarding their interest in our program and experience they have working with victims. The District Attorney's Bureau of Investigation conducts a background check on qualified candidates and the individual is fingerprinted by the San Bernardino County Sheriff's Department. Once the applicant has received clearance, they are then required to attend a 4-hour CLETS/Computer use training. The volunteers are then trained on the job and assist by requesting police reports, contacting victims for missing information for victim compensation claims, translating, sending victim contact letters, placing phone calls to victims on misdemeanor cases to offer services and assisting the victim advocate in court. Volunteers are required to complete a monthly time sheet, which is then approved by their supervisor and submitted to the volunteer coordinator.

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.

*San Bernardino Victim Services Center**303 W. 3rd Street**San Bernardino, CA. 92415**Tel: (909) 382-3846**Supervisor: Claudia Coronado-909-382-7693**Advocates: Elizabeth Barajas, Joseph Block, Margarita Gonzalez, Silvia Gonzalez, Analis Lamboy, Stephanie Maldonado, Sadie Marshall, Shonda Marshall (MVA), Johnnie Montecino, Gabriela Moya, Arika Russell, Perla Teran, Roxanne Figueroa and Yesica Cioli w K9 Schroeder,**Hospitality Lane staff: Jessica Baca, Angela Coggs, Shamaine Ferrett and Jason Keck**Office Assistant: Christy Garcia**San Bernardino Juvenile Victim Services Center**303 W. 3rd Street**San Bernardino, CA. 92415**Tel: (909) 382-3846**Supervisor: Sonja Gonzales-909-386-9131**Advocates: Wendy Salas and Raquel Welsh**Joshua Tree Victim Services Center**6527 White Feather Road**Joshua Tree, CA. 92252**Tel: (760) 366-5740**Supervisor: Lucy Drake-760-552-6979**Advocate: Lorenzo Esparza**Rancho Cucamonga Victim Services Center**8303 Haven Avenue, 4th Floor**Rancho Cucamonga, CA. 91730**Tel: (909) 945-4241**Supervisor: Traci Greene-909-477-8354**Advocates: Silvia Avalos, Rose Blyther, April Espinoza, Karen Estrada, Danyelle Horta, Kesica Middleton, Naomi Ruiz and Miriam Torres**Office Assistant: Michelle Martinez**Victorville Victim Services Center**15371 Civic Drive, 1st Floor (Annex)**Victorville, CA. 92392**Tel: (760) 552-6947**Supervisor: Lucy Drake-760-552-6979**Advocates: Alma Arenas, Eryka Cheatham, Kalei Delair, Astrid Gonzalez, Mia Hollister and Evelyn Lee**Office Assistant: Diana Duarte**Children's Assessment Center**700 Gilbert St.**San Bernardino, CA. 92404**Tel: (909) 382-3512**Supervisor: Sonja Chatman-909-382-7616**Advocates: Mayra Ramirez and Zemika Walker**Ontario Police Department**2500 S. Archibald Ave.**Ontario, CA 91761**Tel: (909) 408-1073**Supervisor: Sonja Chatman-909-382-7616**Advocate: Esmeralda Isordia***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?	\$5,000,000
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?	N/A

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>A Better Way (Victor Valley Domestic Violence Inc)</i>	<i>05/12/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Arrowhead Regional Medical Center</i>	<i>07/07/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Barstow Police Department</i>	<i>05/24/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>California Highway Patrol</i>	<i>06/03/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Chino Police Department</i>	<i>05/19/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Colton Police Department</i>	<i>05/19/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Desert Sanctuary Inc.</i>	<i>05/19/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Domestic Violence Education (DOVES)</i>	<i>05/18/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Family Assistance Program</i>	<i>05/18/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Fontana Police Department</i>	<i>05/16/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Forgotten Children Inc</i>	<i>05/28/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>House of Ruth</i>	<i>05/19/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Indian Health</i>	<i>09/30/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Montclair Police Department</i>	<i>05/17/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Ontario Police Department</i>	<i>05/25/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Option House Inc</i>	<i>05/17/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Project Sister Family Services</i>	<i>05/18/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Redlands Police Department</i>	<i>05/24/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>Rialto Police Department</i>	<i>07/28/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</i>
<i>San Bernardino County Children's Network</i>	<i>05/19/2021</i>	<i>07/01/2021</i>	<i>12/31/2024</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	\$1,289,877	\$0	\$1,289,877	\$1,289,877	\$0	\$0	\$1,289,877	\$
2024 VOCA	2024	Federal	\$1,488,344	\$372,086	\$1,860,430	\$1,488,344	\$372,086	\$0	\$1,860,430	\$
2024 VWAO	2024	State	\$275,018	\$0	\$275,018	\$275,018	\$0	\$0	\$275,018	\$
			\$3,053,239	\$372,086	\$3,425,325	\$3,053,239	\$372,086	\$0	\$3,425,325	

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 FTE Assistant Victim Services Chief - Salary
Description *

To facilitate programs for victims and supervise the unit
\$47.52 x 2080 hours x 1 FTE
(Not Claiming Full Amount)"

[X]Hourly

Pay per Hour *

40.00

Number of Hours/Week *

Full-Time Equivalent in Hours

2,080

Does this position provide benefits? *

Benefits Percentage *

46.03 %

Benefits Description *

Salary

FTE

100.00%

Benefits Calculation

Number of Weeks *

Salary Calculation Total

\$98,842

Hours of Full-Time Workweek *

40.00

No

\$47.52

52.00

\$45,497

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary
Calculation Total (Includes Benefits if provided)

\$144,339

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	\$31,309	\$7,827	\$	\$7,827	\$39,136	\$	Not Applicable	
2024 VWA0	2024	State	\$5,785	\$	\$	\$0	\$5,785	\$		
2024 VCGF	2024	State	\$27,113	\$	\$	\$0	\$27,113	\$		
\$64,207					\$7,827		\$0		\$7,827	\$72,034

Personnel Budget Category Form

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Personnel Costs

Budget/Project Line-Item *

1 FTE MVA - Salary
Description *

Mass Victimization Advocate (MVA) position will provide assistance to victims of mass victimization and terrorism incidents
\$34.82 x 2080 hours x 1 FTE

[X]Hourly

Pay per Hour *

Number of Hours/Week *

Salary

Number of Weeks *

Hours of Full-Time Workweek *

\$34.82

40.00

FTE

52.00

40.00

Full-Time Equivalent in Hours

Salary Calculation Total

2,080

100.00%

\$72,426

[X]Yes

No

Does this position provide benefits? *

Benefits Calculation

Benefits Percentage *

\$33,338

46.03 %

Benefits Description *

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary
Calculation Total (Includes Benefits if provided)

\$105,764

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	\$30,956	\$7,739	\$	\$7,739	\$38,695		Not Applicable
2024 VWA0	2024	State	\$5,720	\$	\$	\$0	\$5,720		
2024 VCGF	2024	State	\$27,527	\$	\$	\$0	\$27,527		
\$64,203					\$7,739		\$0	\$7,739	\$71,942

Personnel Budget Category Form

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Personnel Costs

Budget/Project Line-Item *

2 FTE Supervising Victim Advocates - Salary
Description *

To supervise staff and provide direct assistance to victims - \$44.39 x 2080 hours x 2 FTE
(Not Claiming Full Amount)

[X]Hourly

Pay per Hour *

Number of Hours/Week *

Salary

Number of Weeks *

Hours of Full-Time Workweek *

\$44.39

80.00

52.00

80.00

Full-Time Equivalent in Hours

FTE

Salary Calculation Total

4,160

100.00%

\$184,662

Does this position provide benefits? *

Benefits Calculation

[X]Yes

No

Benefits Percentage *

Benefits Description *

46.03 %

\$85,000

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary
Calculation Total (Includes Benefits if provided)

\$269,662

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	\$58,213	\$14,553	\$	\$14,553	\$72,766	\$	Not Applicable
2024 VWA0	2024	State	\$10,757	\$	\$	\$0	\$10,757	\$	
2024 VCGF	2024	State	\$50,412	\$	\$	\$0	\$50,412	\$	
				\$119,382		\$14,553		\$0	\$14,553
									\$133,935

Personnel Budget Category Form

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Personnel Costs

Budget/Project Line-Item *

3 FTE Office Assistant III's - Salary
Description *

Provide direct services to victims by assisting with intake, calling victims, escorting to court, entering stats and issuing notification letters
\$24.11 x 2080 hours x 3 FTE
(Not Claiming Full Amount)

[X]Hourly		Salary		
Pay per Hour *	Number of Hours/Week *		Number of Weeks *	Hours of Full-Time Workweek *
\$24.11	120.00		52.00	120.00
Full-Time Equivalent in Hours		FTE	Salary Calculation Total	
6,240		100.00%	\$150,446	
Does this position provide benefits? *		Benefits Calculation	[X]Yes	No
Benefits Percentage *				
46.03 %		\$69,250		

Benefits Description *

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary
Calculation Total (Includes Benefits if provided)

\$219,696

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	\$47,434	\$11,859	\$	\$11,859	\$59,293		Not Applicable	
2024 VWA0	2024	State	\$8,765	\$	\$	\$0	\$8,765			
2024 VCGF	2024	State	\$41,077	\$	\$	\$0	\$41,077			
\$97,276					\$11,859		\$0		\$11,859	\$109,135

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 *

37 FTE Victim Advocates - Salary
Description *

Provide direct services to victims with obtaining court support, applying for financial assistance, etc. MVA position will provide assistance to victims of mass victimization and terrorism incidents.

\$32.86 x 2080 hours x 37 FTE
(Not Claiming Full Amount)

☒ Hourly

Pay per Hour *

Number of Hours/Week *

Salary

Number of Weeks *

Hours of Full-Time Workweek *

\$32.86

1,480.00

Full-Time Equivalent in Hours

FTE

52.00

Salary Calculation Total

1,480.00

76,960

100.00%

\$2,528,906

☒ Yes

No

Does this position provide benefits? *

Benefits Calculation

Benefits Percentage *

46.03 %

\$1,164,055

Benefits Description *

Includes:

Retirement = 26.16% of gross salary

Survivors Benefits = 0.13% of gross salary

Health Ins = 15.17% of gross salary

Vision Ins = 0.10% of gross salary

Dental Ins = 0.34% of gross salary

Short Term Disability = 1.12% of gross salary

Medicare Tax = 1.26% of gross salary

Workers Comp Ins = 0.55% of gross salary

Employee Life Ins = 0.66% of gross salary

Indem Allow Cafeteria = 0.18% of gross salary

401(k) match = 0.36% of gross salary

Calculation Total (Includes Benefits if provided)

\$3,692,961

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	\$797,240	\$199,310	\$	\$199,310	\$996,550	\$	Not Applicable
2024 VWA0	2024	State	\$147,315	\$	\$	\$0	\$147,315	\$	
2024 VCGF	2024	State	\$690,394	\$	\$	\$0	\$690,394	\$	
				\$1,634,949		\$199,310	\$0	\$199,310	\$1,834,259

Personnel Budget Category Form

Navigation Instructions:

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

4 FTE Victim Advocate Trainees - Salary
Description *

Provide direct services to victims with obtaining court support, applying for financial assistance, etc - \$21.17 x 2080 hours x 4 FTE
(Not Claiming Full Amount)

[X]Hourly

Pay per Hour *

\$21.17

Number of Hours/Week *

160.00

Full-Time Equivalent in Hours

8,320

Salary

FTE

Number of Weeks *

52.00

Hours of Full-Time Workweek *

160.00

Salary Calculation Total

\$176,134

Benefits Calculation

\$81,075

Does this position provide benefits? *

[X]Yes

No

Benefits Percentage *

46.03 %

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary
Calculation Total (Includes Benefits if provided)

\$257,209

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	\$55,522	\$13,881	\$	\$13,881	\$69,403		Not Applicable
2024 VWA0	2024	State	\$10,259	\$	\$	\$0	\$10,259		
2024 VCGF	2024	State	\$48,081	\$	\$	\$0	\$48,081		
				\$113,862		\$13,881		\$0	\$13,881
									\$127,743

Personnel Budget Category Form

Navigation Instructions:

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

Personnel Costs

Budget/Project Line-Item *

Benefits - 1 FTE MVA
Description *

(\$72,430 x 46.03%)=\$33,340
(Not Claiming Full Amount)

Includes:
Retirement = 26.16% of gross salary
Survivors Benefits = 0.13% of gross salary
Health Ins = 15.17% of gross salary
Vision Ins = 0.10% of gross salary
Dental Ins = 0.34% of gross salary
Short Term Disability = 1.12% of gross salary
Medicare Tax = 1.26% of gross salary
Workers Comp Ins = 0.55% of gross salary
Employee Life Ins = 0.66% of gross salary
Indem Allow Cafeteria = 0.18% of gross salary
401(k) match = 0.36% of gross salary

[X]Hourly

Pay per Hour *

\$16.03

Number of Hours/Week *

40.00

Full-Time Equivalent in Hours

2,080

Salary

FTE

100.00%

Number of Weeks *

52.00

Salary Calculation Total

\$33,342

Hours of Full-Time Workweek *

40.00

Yes

[X]No

Does this position provide benefits? *

Calculation Total (Includes Benefits if provided)

\$33,342

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	\$12,073	\$3,018	\$	\$3,018	\$15,091	\$	Not Applicable	
2024 VWA0	2024	State	\$2,231	\$	\$	\$0	\$2,231	\$		
2024 VCGF	2024	State	\$10,736	\$	\$	\$0	\$10,736	\$		
				\$25,040			\$3,018	\$0	\$3,018	\$28,058

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 *

Benefits for 47 Full Time Employees
Description *

Total Salaries of \$3,211,970 x 46.03% = \$1,478,470
(Not Claiming Full Amount)

<input checked="" type="checkbox"/> Hourly Pay per Hour *	Number of Hours/Week *	Salary	Number of Weeks *	Hours of Full-Time Workweek *
\$15.12	1,880.00		52.00	1,880.00
	Full-Time Equivalent in Hours	FTE	Salary Calculation Total	
	97,760	100.00%	\$1,478,131	
Does this position provide benefits? *			Yes	<input checked="" type="checkbox"/> No
Calculation Total (Includes Benefits if provided)				
\$1,478,131				

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	\$455,597	\$113,899	\$	\$113,899	\$569,496	\$	Not Applicable
2024 VWA0	2024	State	\$84,186	\$	\$	\$0	\$84,186	\$	
2024 VCGF	2024	State	\$394,537	\$	\$	\$0	\$394,537	\$	
\$934,320					\$113,899		\$0	\$113,899	\$1,048,219

PERSONNEL COSTS

				2024 VCGF		2024 VOCA		2024 VWAO		
Line Item Identifier	Description	FTE	Calculation	FS	Match	FS	Match	FS	Match	Total
1 FTE Assistant Victim Services Chief - Salary	To facilitate programs for victims and supervise the unit \$47.52 x 2080 hours x 1 FTE (Not Claiming Full Amount)"	1		\$27,113		\$31,309	\$7,827	\$5,785		\$72,034
2 FTE Supervising Victim Advocates - Salary	To supervise staff and provide direct assistance to victims - \$44.39 x 2080 hours x 2 FTE (Not Claiming Full Amount)	1		\$50,412		\$58,213	\$14,553	\$10,757		\$133,935
4 FTE Victim Advocate Trainees - Salary	Provide direct services to victims with obtaining court support, applying for financial assistance, etc - \$21.17 x 2080 hours x 4 FTE (Not Claiming Full Amount)	1		\$48,081		\$55,522	\$13,881	\$10,259		\$127,743
37 FTE Victim Advocates - Salary	Provide direct services to victims with obtaining court support, applying for financial assistance, etc. MVA position will provide assistance to victims of mass victimization and terrorism incidents. \$32.86 x 2080 hours x 37 FTE (Not Claiming Full Amount)	1		\$690,394		\$797,240	\$199,310	\$147,315		\$1,834,259
1 FTE MVA - Salary	Mass Victimization Advocate (MVA) position will provide assistance to victims of mass victimization and terrorism incidents \$34.82 x 2080 hours x 1 FTE	1		\$27,527		\$30,956	\$7,739	\$5,720		\$71,942
3 FTE Office Assistant III's - Salary	Provide direct services to victims by assisting with intake, calling victims, escorting to court, entering stats and issuing notification letters \$24.11 x 2080 hours x 3 FTE (Not Claiming Full Amount)	1		\$41,077		\$47,434	\$11,859	\$8,765		\$109,135

Benefits - 1 FTE MVA	(\$72,430 x 46.03%)=\$33,340 (Not Claiming Full Amount) Includes: Retirement = 26.16% of gross salary Survivors Benefits = 0.13% of gross salary Health Ins = 15.17% of gross salary Vision Ins = 0.10% of gross salary Dental Ins = 0.34% of gross salary Short Term Disability = 1.12% of gross salary Medicare Tax = 1.26% of gross salary Workers Comp Ins = 0.55% of gross salary Employee Life Ins = 0.66% of gross salary Indem Allow Cafeteria = 0.18% of gross salary 401(k) match = 0.36% of gross salary	1		\$10,736		\$12,073	\$3,018	\$2,231		\$28,058
Benefits for 47 Full Time Employees	Total Salaries of \$3,211,970 x 46.03% = \$1,478,470 (Not Claiming Full Amount)	1		\$394,537		\$455,597	\$113,899	\$84,186		\$1,048,219

Budget Total	\$1,289,877		\$1,488,344	\$372,086	\$275,018		\$3,425,325
Allocation Plan Total	\$1,289,877	\$0	\$1,488,344	\$372,086	\$275,018	\$0	\$3,425,325
Over/Under	\$0	\$0	\$0	\$0	\$0	\$0	\$0

VW24027401

Total Funding: \$3,425,325.00

Counties

County Name	%	Funding Amount
San Bernardino	100%	\$3,425,325.00

Congressional Districts

County Name	%	Funding Amount
CD 23	16.66%	\$570,659.15
CD 25	16.67%	\$571,001.68
CD 28	16.67%	\$571,001.68
CD 33	16.67%	\$571,001.68
CD 35	16.67%	\$571,001.68
CD 40	16.66%	\$570,659.15

State Assembly Districts

County Name	%	Funding Amount
AD 1	%	
AD 2	%	
AD 3	%	
AD 4	%	
AD 5	%	
AD 6	%	
AD 7	%	
AD 8	%	
AD 9	%	
AD 10	%	
AD 11	%	
AD 12	%	
AD 13	%	
AD 14	%	
AD 15	%	
AD 16	%	
AD 17	%	
AD 18	%	
AD 19	%	
AD 20	%	
AD 21	%	
AD 22	%	
AD 23	%	
AD 24	%	
AD 25	%	
AD 26	%	
AD 27	%	
AD 28	%	
AD 29	%	
AD 30	%	
AD 31	%	
AD 32	%	
AD 33	%	
AD 34	10%	\$342,532.50
AD 35	%	
AD 36	10%	\$342,532.50
AD 37	%	

AD 38	%	
AD 39	10%	\$342,532.50
AD 40	%	
AD 41	10%	\$342,532.50
AD 42	%	
AD 43	%	
AD 44	%	
AD 45	10%	\$342,532.50
AD 46	%	
AD 47	10%	\$342,532.50
AD 48	%	
AD 49	%	
AD 50	10%	\$342,532.50
AD 51	%	
AD 52	%	
AD 53	10%	\$342,532.50
AD 54	%	
AD 55	%	
AD 56	%	
AD 57	%	
AD 58	10%	\$342,532.50
AD 59	10%	\$342,532.50
AD 60	%	
AD 61	%	
AD 62	%	
AD 63	%	
AD 64	%	
AD 65	%	
AD 66	%	
AD 67	%	
AD 68	%	
AD 69	%	
AD 70	%	
AD 71	%	
AD 72	%	
AD 73	%	
AD 74	%	
AD 75	%	
AD 76	%	
AD 77	%	

AD 78	%	
AD 79	%	
AD 80	%	

State Senate Districts

County Name	%	Funding Amount
SD 18	12.5%	\$428,165.63
SD 19	12.5%	\$428,165.63
SD 22	12.5%	\$428,165.63
SD 23	12.5%	\$428,165.63
SD 25	12.5%	\$428,165.63
SD 29	12.5%	\$428,165.63
SD 31	12.5%	\$428,165.63
SD 32	12.5%	\$428,165.63

Application Signatures Form

Assurances/Signatures

Certification of 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.

Federal Fund Grant Subaward Assurances Certification *

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:

Title:

Signature:

Date:

Cal OES Signatures

I hereby certify upon my personal knowledge that budget funds are available for the period and purposes of this expenditure stated in this application

Cal OES Fiscal Officer Signature:

Date Executed:

I hereby certify upon my personal knowledge that budget funds are available for the period and purposes of this expenditure stated in this application

Cal OES Director or Designee Signature:

Date Executed: