



OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF KERN

CIVIC CENTER JUSTICE BUILDING
1215 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301
(661) 868-2340, FAX: (661) 868-2700

JOSEPH A. KINZEL
ASSISTANT DISTRICT ATTORNEY

KENNETH M. RUSSELL
ASSISTANT DISTRICT ATTORNEY

CYNTHIA J. ZIMMER
DISTRICT ATTORNEY

September 01, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**PROPOSED RESOLUTION FOR AUTHORIZATION TO SUBMIT GRANT APPLICATION
TO THE CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES FOR THE
2026-2027 VICTIM WITNESS ASSISTANCE PROGRAM
(Fiscal Impact: \$1,558,792; Federal and State Aid; Budgeted; Discretionary)**

The District Attorney's Office is requesting authorization to submit a grant application to the California Governor's Office of Emergency Services to request funding for the 2026-2027 Victim Witness Assistance Program from October 1, 2026 through September 30, 2027. If awarded, this grant will provide \$1,558,792 in funding to provide assistance to victims of violent crimes in Kern County. Due to the inability to meet match requirements through in-kind volunteer hours, this office requested, and was granted, a 100% match waiver from the State eliminating the \$270,024 match.

The Governor's Office of Emergency Services requires that your Board's authorization be documented on the Certification of Assurance of Compliance form. County Counsel has reviewed and approved our request as well as the Certification of Assurance of Compliance and Resolution as to form.

Therefore, IT IS RECOMMENDED that your Board approve and adopt the resolution authorizing the District Attorney to submit an application to the California Governor's Office of Emergency Services for the 2026-2027 Victim Witness Assistance Program from October 1, 2026 through September 30, 2027 in the amount of \$1,558,792 and authorize the Chairman to sign the grant Certification of Assurance of Compliance and District Attorney to execute all grant documents subject to approval as to form by County Counsel.

Sincerely,

CYNTHIA J. ZIMMER,
District Attorney

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF KERN, STATE OF CALIFORNIA**

In the matter of:

Resolution No. _____

**AUTHORIZATION FOR DISTRICT ATTORNEY
TO SUBMIT GRANT APPLICATION TO THE
CALIFORNIA GOVERNOR'S OFFICE OF
EMERGENCY SERVICES FOR THE 2026-2027
VICTIM WITNESS ASSISTANCE PROGRAM**

I, NANCY ANDERSON, Clerk of the Board of Supervisors of the County of Kern, State of California, certify that the following resolution, certify that the following resolution, on motion of Supervisor _____, seconded by Supervisor _____, was duly passed and adopted by the Board of Supervisors of the County of Kern at a regular meeting on the _____ day of _____, 2026, by the following vote:

AYES:

NOES:

ABSENT:

NANCY ANDERSON
County Administrative Officer
Clerk of the Board

Deputy Clerk

RESOLUTION

Section 1. WHEREAS:

(a) The County of Kern desires to undertake a certain project designated the "Kern County Victim/Witness Assistance Program" to be funded in part from funds made available through the Victim-Witness Assistance Fund administered by the California Governor's Office of Emergency Services (CalOES); and

(b) The Office of the Kern County District Attorney is recognized as the major provider of comprehensive services to victims and witnesses in the County of Kern; and

(c) The Office of the Kern County District Attorney meets all of the necessary requirements pursuant to Penal Code section 13835.2 in order to receive funds from the Victim-Witness Assistance Fund.

Section 2. IT IS RESOLVED by the Board of Supervisors of the County of Kern, State of California, as follows:

1. This Board finds the facts recited are true, finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution, and incorporates and makes all the findings recommended by Staff, whether verbally or in their written reports.

2. This Board finds and determines to select the Office of the Kern County District Attorney as the agency to receive funds from the Victim-Witness Assistance Fund pursuant to Penal Code section 13835.2.

3. This Board authorizes the Kern County District Attorney to submit to CalOES an application for, and to execute, Grant Award Agreement for fiscal year 2026-2027 for funds from the Victim-Witness Assistance Fund to be utilized by the Kern County Victim-Witness Assistance Program.

4. This Board authorizes the District Attorney to submit and execute any additional grant documents or amendments, subject to approval as to form by County Counsel, in order to further receive further funding from the Victim-Witness Assistance Fund.

5. The Clerk of the Board shall transmit copies of this Resolution to the following:

County Administrative Officer
District Attorney
County Counsel

#28Y2357-KWH



Grant Subaward Certification of Assurance of Compliance

Information and Instructions

The Certification of Assurance of Compliance is a binding affirmation that the Subrecipient will comply with the requirements and restrictions outlined in the Subrecipient Handbook, including but not limited to:

- Proof of Authority,
- State and federal civil rights laws,
- Equal Employment Opportunity,
- Drug-Free Workplace,
- California Environmental Quality Act, and
- Lobbying.

The Official Designee (see SRH Section 3.030) and the individual granting that authority (i.e., City/County Financial Officer, City/County Manager, or Governing Board Chair) must sign this form. For State agencies, only the Official Designee must sign this form.

Complete all sections of this form and then submit:

- As part of the Grant Subaward Application,
- With a Grant Subaward Amendment (Cal OES Form 2-213) if a new fund source is being added to the Grant Subaward, (applicable Certification of Assurance of Compliance would be needed), or
- With a Grant Subaward Modification (Cal OES Form 2-223) if the Official Designee or Board Chair changes and the Resolution identifies them by name



Grant Subaward Certification of Assurance of Compliance

Subrecipient: Kern County

	Cal OES Program Name	Grant Subaward #:	Grant Subaward Performance Period
1	Victim/Witness Assistance	VW26029301	10/01/2026-09/30/2027
2			
3			
4			
5			
6			

I, Cynthia J. Zimmer (Official Designee; same person as Section 15 of the Grant Subaward Face Sheet) hereby certify that the above 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. Proof of Authority – SRH 1.055

The Subrecipient certifies they have written authority by the governing board (e.g., County Board of Supervisors, City Council, or Governing Board) granting authority for the Subrecipient/Official Designee (see Section 3.030) to enter into a specific Grant Subaward (indicated by the Cal OES Program name and initial Grant Subaward performance period) and applicable Grant Subaward Amendments with Cal OES. The authorization includes naming of an Official Designee (e.g., Executive Director, District Attorney, Police Chief) for the agency/organization who is granted permission to sign Grant Subaward documents on behalf of the Subrecipient. Written proof of authority includes one of the following: signed Board Resolution or approved Board Meeting minutes.

II. 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.

III. 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.



IV. 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.

V. California Environmental Quality Act (CEQA) – SRH Section 2.035

The Subrecipient certifies that, if the activities of the Grant Subaward meet the definition of a "project" pursuant to the CEQA, Section 20165, it will comply with all requirements of CEQA and this section of the SRH.

VI. 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.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Subaward [Section 15 on Grant Subaward Face Sheet], and hereby affirm that I am duly authorized legally to bind the Subrecipient to the above-described certification. I am fully aware that this certification, executed on the date, is made under penalty of perjury under the laws of the State of California.

Official Designee's Signature: _____

Official Designee's Typed Name: Cynthia J. Zimmer

Official Designee's Title: District Attorney

Date Executed: _____

AUTHORIZED BY:

I grant authority for the Subrecipient/Official Designee to enter into the specific Grant Subaward(s) (indicated by the Cal OES Program name and initial Grant Subaward performance period identified above) and applicable Grant Subaward Amendments with Cal OES.

☐ City Financial Officer

☐ County Financial Officer

☐ City Manager

☐ County Manager

☒ Governing Board Chair

Signature: _____

Typed Name: Phillip Peters

Title: Chairman, Board of Supervisors

Date Executed: _____

Application Information Form

Program:

Victim Witness Assistance - VW26

Grant Subaward Performance Period:

10/01/2026 to 09/30/2027

Subrecipient:

County of Kern - District Attorney's Office

Subrecipient UEI:

HBJYNP2M1GS6

Subrecipient Federal Employer ID:

95-6000925

Implementing Agency:

Kern County District Attorney

Payment Address

Primary Location of Project/Services

Address

1300 18th Street, Suite 100 E

City:

Bakersfield

Address 2

County:

Kern County

Zip Code:

93301-4619

Contact Information Form

Grant Subaward Contacts

Grant Subaward Director

First Name: Kayla
Title: Program Supervisor
Phone: (661) 868-5955
Address: 1215 Truxtun Avenue
City: Bakersfield

Last Name: Pinkston
Email: kpinkston@kernda.org
State: California **Zip Code:** 93301

Financial Officer

Name: Mayra
Title: Administrative Services Officer
Phone: (661) 868-2714
Address: 1215 Truxtun Avenue, 4th Floor
City: Bakersfield

Last Name: Hernandez
Email: mayhernandez@kernda.org
State: California **Zip Code:** 93301

Programmatic Point of Contact:

Name: Adriana
Title: Program Coordinator
Phone: (661) 868-5956
Address: 1215 Truxtun Avenue, FL 4
City: Bakersfield

Last Name: Cuadras Talamantez
Email: atalamantez@kernda.org
State: California **Zip Code:** 93301

Financial Point of Contact:

Name: Melissa
Title: Accountant
Phone: (661) 868-2702
Address: 1215 Truxtun Avenue, 4th Floor
City: Bakersfield

Last Name: Drescher
Email: mdrescher@kernda.org
State: California **Zip Code:** 93301

Chair of the Governing Body

Name:
Title:
Phone:
Address:
City:

Last Name:

Email:

State:

Zip Code:

Grant Subaward Authorized Agent

☒ Cynthia Zimmer

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	☒ *
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 \$30,000,000 or more in federal funds in the preceding fiscal years? * ☐ Yes ☒ No

Programmatic Narrative Form

Narrative Questions/Responses

Question 1

Briefly describe the plan to provide all mandatory services outlined in the VW Supplemental Program Components and indicate any significant changes to your Program for the 2026-27 Grant Subaward performance period.

The Victim Witness (VW) Program and the Kern County District Attorney's Office will continue to work together to provide criminal justice support for victims by providing court accompaniment; information on the progress and outcome of their case; and education on victim rights including assistance with restitution. Contact with victims will include direct counseling and crisis intervention. VW staff will continue to receive training on crisis intervention and trauma informed care to ensure that we are providing empathic care when providing crisis intervention and emotional support. Referrals to mental health professionals will be provided to victims for individual counseling and support groups. VW staff will attempt contact with victims of criminal cases, referrals to our program, and victims requesting services through our centers. Services will be offered be available by phone and in-person. Letters will be mailed that include our program information and victims' rights. Referrals to other community agencies and victim service providers will be completed upon request of the victim for shelter, housing, civil legal assistance, and law enforcement assistance. Upon request, VW staff will assist victims with property return, transportation, California Victim Compensation Board (CalVCB) applications, and notification/intervention to employers, family and/or friends when a crime has occurred. VW staff will attend online, or in-person CalVCB claims assistance training at least once and year and provide continued assistance to victims for existing claims. provide follow up CalVCB assistance on applications. Through funding awarded under this grant, an Emergency Fund was established and will be expanded to assist victims with emergency financial assistance for food, transportation, utilities, medical, relocation, or other emergency needs. The Kern County Board of Supervisors also established a Victim Service Fund pursuant to GC50050 which is utilized to assist crime victims with short term financial assistance to ensure the victim's safety while waiting for community or government assistance. VW staff will perform outreach in the community, and present to community organizations, schools and criminal justice agencies to enhance awareness and knowledge of our program. Publicity on program activities will be conducted through the KCDA's office and social media. We will be seeking new partnerships to increase access to services for children and underserved victims.

Question 2

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

Upon request, VW staff may provide additional intervention with employers if our first attempt to notify their employer does not succeed by referring clients to Greater Bakersfield Legal Assistance or providing resources for Victims' Rights Attorneys. In addition, VW staff may also provide assistance with creditor intervention by communicating with credit agencies to explain the victim's financial hardship as a result of the crime and by providing the victim with resources on alternative monetary sources to fulfill their financial obligations such as the California Victim Compensation Board (CalVCB), civil litigation, non-profit assistance or emergency financial assistance through our program. Garden Pathways will be available to provide short-term childcare for victims who are called to testify in court and do not have access to childcare. Upon request of the KCDA's Office, VW staff may provide witness notification on cases where we are working with the victim, and the witness may be eligible for other services or require further assistance. VW will assist survivors of homicide with applying for funeral and burial financial assistance through CalVCB. The VW program provides crime prevention information and education to the public through outreach events; presentations at community organizations and schools; and through social media utilizing Blue Campaign materials, statistics on domestic violence and human trafficking, our monthly DEAR newsletter, and social media posts that discuss different forms of violence and current crime trends. VW staff may coordinate witness protection through law enforcement, and assistance with relocation through CalVCB, emergency funds and referrals to other community agencies. VW staff may assist victims in obtaining domestic violence restraining orders, elder abuse restraining orders, civil harassment restraining orders, and gun violence restraining orders or refer clients to community based legal assistance. Our VW staff are provided vehicles to provide transportation to clients. For additional transportation assistance, we work with our community partners and public transport to help victims get to medical appointments, shelter, and out-of-county travel. A secure waiting area located in the Superior Court in Bakersfield is available for our victims and witnesses-equipped with a children's area, television, refreshments and ample seating.

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 Kern County Mass Violence Advocate (MVA) continues to collaborate with agencies who respond to mass casualty events in Kern County. The MVA attends in-person quarterly meetings with our coastal partners and quarterly virtual meetings with the CCVAA MVA Roundtable to review and enhance crisis response plans, share resources and maintain relationships. The MVA has ensured that all members of the Crisis Response Team (CRT) have completed the FEMA 100, FEMA 700 and death notification trainings. Funding has been allocated for CCVAA Crisis Response Trainings, when made available. Continued education on mass violence is encouraged and shared to all members of the CRT. A quarterly meeting will be held with all CRT members to review the mass violence plan, discuss mass violence events that have occurred to enhance our current plan, review individual Mass Violence Response Forms to update availability and continue training efforts. All advocates within the VW program are members of the CRT as County Disaster Service Workers in different capacities. Any request for deployment (including after-hours) will be made by phone to the District Attorney, Chief Investigator and/or VW Program Supervisor. Shielding the Front Line of Kern is a resource that will be available for in-person or virtual debriefing, in a group setting or individually, for all CRT members and any other KCDA staff that respond to an event. All CRT members will be provided with an iPad, go-bag and apparel that identify them as a KCDA CRT Victim Advocate. Portable printers are made available for advocate and victim use. An emergency fund will be available on scene for the provision of food, clothing and hygiene products. Binders with CRT contacts and protocols are provided to the DA, both Assistant DA's, Chief, MVA, Team C Lead and Program Supervisor. After our most recent mass violence response, our team debrief to identify what went well and what we can do to enhance our responses. Updates to the CRT response will include incorporating local agencies, school, mental health professionals and Bureau of Investigations in our CRT meetings to enhance collaborative efforts; enhance our identification in the field through updated apparel, vehicle decals, and resource/service area; and streamline team responses through mobile apps and team designations.

Question 4

List the name and contact information for your county's Mass Victimization Advocate.

Adriana Talamantez
atalamantez@kernda.org
661-868-5956

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.

Bakersfield
1300 18th Street, Bakersfield, CA 93301
(661) 868-5960
Employees assigned: Mayra Munoz, Alejandra Miranda, McKenna Dabbs, Alejandra Ascencio Garcia, Lynda Montalvo, Tina Torres (0.5), Nicole Iturria, Erica Zambrano, Jessica Gonzales, Jonathan Cacho and 1.5 vacancies.
Supervisor: Program Coordinator, Adriana Cuadras Talamantez
(661) 868-5956
atalamantez@kernda.org
Juvenile Justice Center
2100 College Avenue
Bakersfield, CA 93305
(661) 868-5960
Employees assigned: Carina Ennis
Supervisor: Program Coordinator, Adriana Cuadras Talamantez
(661) 868-5956
atalamantez@kernda.org

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.

The Kern County District Attorney's Victim Witness Program has a volunteer program that is used to assist and support Victim Advocates by providing emotional support, crisis intervention, intake assistance and answering questions for victims who call or visit our centers. Assistance with other client related services include providing information on the criminal justice system and victims' rights; CalVCB applications; restraining orders; connecting clients to other victim service and community service providers through referrals; attending outreach events; and assisting with special projects. Our Victim Services unit continues to work with several community organizations, schools and government entities to develop a volunteer program. We have an MOU with California State University of Bakersfield and have begun conversations with Bakersfield College to offer internship opportunities for students who would like to expand their community service or professional experience in social services, victim advocacy, or criminal justice. Outreach for our volunteer program include distributing brochures at outreach events; presenting to local colleges, schools, Kern County Retirement Association, law enforcement agencies, and community organizations; and advertising on social media and our county website. We will continue to work with all available resources to develop and recruit volunteers throughout each of our Victim Services Programs. While we have a volunteer program and interest, it is not consistent throughout the year, we continue to see volunteer applicants who are not able to meet the background requirements to work at the District Attorney's Office, are not fulfilling their volunteer commitment, or do not have adequate workspace to bring on the numbers of volunteers needed to meet match requirements. This leaves our county in a strained financial position should we not meet an in-kind match requirement. We will continue to strive to find volunteers which would help meet the in-kind match and avoid future waiver requests.

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?	>10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$8,664,880
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?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	3-5 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
Bakersfield Police Department	09/17/2025	10/01/2025	09/30/2027
Kern County Sheriffs Office		10/01/2026	09/30/2029
Kern County Coroners Office		10/01/2026	09/30/2029
Kern County Department of Human Services		10/01/2026	09/30/2029
Kern County Forensic Services		10/01/2026	09/30/2029
Bakersfield Recovery Services		10/01/2026	09/30/2029
Kern County Public Health		10/01/2026	09/30/2029
Kern County Probation		10/01/2026	09/30/2029
California Highway Patrol	09/17/2025	10/01/2025	09/30/2027
Greater Bakersfield Legal Assistance	09/17/2025	10/01/2025	09/30/2027
Kern County Aging and Adult Services		10/01/2026	09/30/2029
Psychiatric Wellness Center		10/01/2026	09/30/2029
Kern County Behavioral Health and Recovery Services		10/01/2026	09/30/2029
Womens Center High Desert		10/01/2026	09/30/2029
California City Police Department	09/17/2025	10/01/2025	09/30/2027
Bear Valley Police Department	09/17/2025	10/01/2025	09/30/2027
Kern County Veterans Service		10/01/2026	09/30/2029
Garden Pathways		10/01/2026	09/30/2029
Bakersfield American Indian Health Project		10/01/2026	09/30/2029
Kern High School District		10/01/2026	09/30/2029

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	\$308,202		\$308,202	\$308,202			\$308,202
2026 VOCA	2026	Federal	\$1,080,094	\$0	\$1,080,094	\$1,080,094			
2026 VWA0	2026	State	\$170,496		\$170,496	\$170,496			
			\$1,558,792	\$0	\$1,558,792	\$1,558,792	\$0	\$0	\$308,202

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

VOCA Match Waiver Request Form 2026.pdf

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item

Program Coordinator

Description

The Program Coordinator will oversee the Victim/Witness Assistance Unit and Family Justice Center staff and act as Programmatic Point of Contact. Responsible for implementing program consistent with grant objectives. Acts as liaison with other agencies and maintains records for grant reporting. The Program Coordinator carries a criminal caseload.

☐ Hourly

☒ Salary

Salary Per Month

\$7,595.33

Number of Months

12.00

Hours of Full-Time Workweek

40.00

FTE

1.0000

Full-Time Equivalent in Hours

2,080

Salary Calculation Total

\$91,144

Does this position provide benefits?

☒ Yes

☐ No

Benefits Percentage

64.57 %

Benefits Calculation

\$58,852

Benefits Description

Benefits include Retirement, FICA, Health, Worker's Compensation, and Unemployment Insurance.

Calculation Total (Includes Benefits if provided)

\$149,996

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	\$74,998			\$0	\$74,998	
2026 VOCA	2026	Federal	\$74,998			\$0	\$74,998	
			\$149,996	\$0	\$0	\$0	\$149,996	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item

Program Supervisor

Description

The Victim Services Program Supervisor provides planning, development, management and implementation of the County's Victim Services and the Family Justice Centers as the Project Director. This position oversees all systems and processes within each location and ensures all proper collaboration of services between the three facilities and partner agencies. This position coordinates outreach, promotion and media contacts for each facility and actively reviews funding sources available to VW/FJCs.

☐ Hourly☒ Salary
Salary Per Month

\$8,801.33

Number of Months

12.00

Hours of Full-Time Workweek

40.00

FTE

1.0000

Full-Time Equivalent in Hours

2,080

Salary Calculation Total

\$105,616

Does this position provide benefits?

☒ Yes☐ No
Benefits Percentage

49.49 %

Benefits Calculation

\$52,269

Benefits Description

Benefits include retirement, FICA, Worker's Compensation, and Unemployment Insurance.

Calculation Total (Includes Benefits if provided)

\$157,885

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	\$157,885			\$0	\$157,885	
			\$157,885	\$0	\$0	\$0	\$157,885	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item

Victim Witness Service Specialist Extra Help

Description

The VWSS positions fill the roles of Victim/Witness Advocates who will provide outreach and advocacy services; assess needs; provide referral services; crisis intervention; assistance with form completion and court accompaniment.

☐ Hourly

☒ Salary

Salary Per Month

\$3,437.54

Number of Months

12.00

Hours of Full-Time Workweek

40.00

FTE

4.0000

Full-Time Equivalent in Hours

2,080

Salary Calculation Total

\$165,002

Does this position provide benefits?

☒ Yes

☐ No

Benefits Percentage

5.53 %

Benefits Calculation

\$9,125

Benefits Description

Benefits include FICA, Worker's Compensation, and Unemployment Insurance

Calculation Total (Includes Benefits if provided)

\$174,127

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	\$174,127			\$0	\$174,127	
			\$174,127	\$0	\$0	\$0	\$174,127	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item

Victim Witness Service Specialist

Description

The VWSS positions fill the roles of Victim/Witness Advocates who will provide outreach and advocacy services; assess needs; provide referral services; crisis intervention; assistance with form completion and court accompaniment.

☐ Hourly☒ Salary
Salary Per Month

\$5,166.00

Number of Months

12.00

Hours of Full-Time Workweek

40.00

FTE

8.0000

Full-Time Equivalent in Hours

2,080

Salary Calculation Total

\$495,936

Does this position provide benefits?

☒ Yes☐ No
Benefits Percentage

67.55 %

Benefits Calculation

\$335,005

Benefits Description

Benefits include retirement, FICA, Health, Worker's Compensation, Unemployment Insurance.

Calculation Total (Includes Benefits if provided)

\$830,941

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	\$233,204			\$0	\$233,204	
2026 VOCA	2026	Federal	\$5427,241			\$0	\$5427,241	
2026 VWAO	2026	State	\$170,496			\$0	\$170,496	
			\$830,941	\$0	\$0	\$0	\$830,941	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item

Office Services Assistant

Description

In addition to role as first contact for clients by phone or walk-in, this position reviews intake, answers questions regarding client referrals, enters client information into the database, closes out cases, runs victim service unit reports, reviews case information, and follows up on CalVCB letters.

☐ Hourly☒ Salary
Salary Per Month

\$4,463.49

Number of Months

12.00

Hours of Full-Time Workweek

40.00

FTE

1.0000

Full-Time Equivalent in Hours

2,080

Salary Calculation Total

\$53,562

Does this position provide benefits?

☒ Yes☐ No
Benefits Percentage

65.99 %

Benefits Calculation

\$35,345

Benefits Description

Benefits include FICA, Workers' Compensation, and Unemployment Insurance.

Calculation Total (Includes Benefits if provided)

\$88,907

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	\$88,907			\$0	\$88,907	
			\$88,907	\$0	\$0	\$0	\$88,907	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CDAA Conference

Description

Lodging \$175.21 per night x 4 nights x 1 staff= \$700.84 Per Diem \$58.5 per day x 4 days x 1 staff = \$234 Parking \$120 Total \$1,054.84.

☒ In State☐ Out of State**Staff Traveling *****Travel Cost Per Staff****Calculation Total**

\$1,055.00

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
2026 VOCA	2026	Federal	\$1,055			\$0	\$1,055	
			\$1,055	\$0	\$0	\$0	\$1,055	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA Advocacy Day in Sacramento

Description

Lodging cost is \$275.40 per night x 2 nights x 2 staff = \$1,101.60 Per Diem is \$64 per day
x 2 days x 2 staff = \$256 Parking is \$120 Total \$1,477.60

☒ In State☐ Out of State

Staff Traveling *

Travel Cost Per Staff

Calculation Total

\$1,477.60

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
2026 VOCA	2026	Federal	\$1,478			\$0	\$1,478	
			\$1,478	\$0	\$0	\$0	\$1,478	

Travel Budget Category Form

Travel Cost Type

Mileage Costs

Budget/Project Line-Item

Vehicle Fuel F18515

Description

Fuel for county vehicles for VWSS to travel to help victims/witnesses in Bakersfield and surrounding areas. \$125 per month x 12 months = \$1,500.

☒ In State☐ Out of State

Number of Miles

Mileage Rate

Calculation Total

\$1,500.10

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
2026 VOCA	2026	Federal	\$1,500			\$0	\$1,500	
			\$1,500	\$0	\$0	\$0	\$1,500	

Travel Budget Category Form

Travel Cost Type

Mileage Costs

Budget/Project Line-Item

Vehicle Fuel H24-22

Description

Fuel for county vehicles for VWSS to travel to help victims/witnesses in Shafter and surrounding areas. \$150 per month x 12 months = \$1,800

☒ In State☐ Out of State

Number of Miles

Mileage Rate

Calculation Total

\$1,800.40

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
2026 VOCA	2026	Federal	\$1,800			\$0	\$1,800	
			\$1,800	\$0	\$0	\$0	\$1,800	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA Coordinator Training

Description

Lodging for training is \$275.40 per night x 5 nights x 1 staff = \$1,377 Per Diem is \$64 x 5.5 days x 1 staff = \$352 Parking is \$120 Total is \$1,849.

☒ In State☐ Out of State

Staff Traveling *

Travel Cost Per Staff

Calculation Total

\$1,849.00

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
2026 VOCA	2026	Federal	\$1,849			\$0	\$1,849	
			\$1,849	\$0	\$0	\$0	\$1,849	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA Advanced Level Advocate Training

Description

Lodging cost is \$275.40 per night x 4 nights x 11 staff = \$12,117.60 Per Diem is \$64 per day x 4 days x 11 staff = \$2,816 Parking is \$500 Total \$15,433

☒ In State☐ Out of State**Staff Traveling *****Travel Cost Per Staff****Calculation Total**

\$15,433.00

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
2026 VOCA	2026	Federal	\$15,433			\$0	\$15,433	
			\$15,433	\$0	\$0	\$0	\$15,433	

Travel Budget Category Form

Travel Cost Type

Mileage Costs

Budget/Project Line-Item

Vehicle Fuel H24-51

Description

Fuel for county vehicles for VWSS to travel to help victims/witnesses in Mojave and surrounding areas. \$202 per month x 12 months = \$2,424.

☒ In State☐ Out of State

Number of Miles

Mileage Rate

Calculation Total

\$2,424.10

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
2026 VOCA	2026	Federal	\$2,424			\$0	\$2,424	
			\$2,424	\$0	\$0	\$0	\$2,424	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA/NOVA Basic Crisis Response Training

Description

Lodging \$175.21 per night x 4 nights x 3 staff= \$2,103 Per Diem \$58.5 per day x 4 days x 3 staff = \$702 Parking \$80 Total \$2,885.

☒ In State☐ Out of State

Staff Traveling *

Travel Cost Per Staff

Calculation Total

\$2,884.98

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
2026 VOCA	2026	Federal	\$2,885			\$0	\$2,885	
			\$2,885	\$0	\$0	\$0	\$2,885	

Travel Budget Category Form

Travel Cost Type

Mileage Costs

Budget/Project Line-Item

Vehicle Fuel H24-49

Description

Fuel for county vehicle for VWSS to travel to help victims/witnesses in Southern Kern County and surrounding areas. \$398.92 per month x 12 months = \$4,787.

☒ In State☐ Out of State

Number of Miles

Mileage Rate

Calculation Total

\$4,787.30

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
2026 VOCA	2026	Federal	\$4,787			\$0	\$4,787	
			\$4,787	\$0	\$0	\$0	\$4,787	

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA/NOVA Entry Level Victim Advocate Training

Description

Lodging for training is \$275.40 per night x 5 nights x 3 staff = \$4,131 Per Diem is \$64 x 5.5 days x 3 staff = \$1,056 Parking is \$120 Total is \$5,307

☒ In State☐ Out of State**Staff Traveling *****Travel Cost Per Staff****Calculation Total**

\$5,307.00

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	
2026 VOCA	2026	Federal	\$5,307			\$0	\$5,307		
			\$5,307	\$0	\$0	\$0	\$5,307		

Travel Budget Category Form

Travel Cost Type

Travel

Budget/Project Line-Item

CCVAA/NOVA Advanced Crisis Response Training

Description

Lodging \$175.21 per night x 4 nights x 10 staff= \$7,008.40 Per Diem \$58.5 per day x 4 days x 10 staff = \$2,340 Parking \$300 Total \$9,648.40.

☒ In State☐ Out of State

Staff Traveling *

Travel Cost Per Staff

Calculation Total

\$9,648.40

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	
2026 VOCA	2026	Federal	\$9,648			\$0	\$9,648		
			\$9,648	\$0	\$0	\$0	\$9,648		

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item

Indirect Costs

Indirect Cost Rate

15% De Minimis

Description/Justification

Indirect costs

Calculation Method

15% x \$1,558,792 Total Project Cost less \$34,942
Indirect - 8000 copiers - 180 registrations - 1100 chair
rental = \$1,514,570 x 15% = 227,185.5 (34,942 due to
budget)

Calculation Total

\$34,942

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
2026 VOCA	2026	Federal	\$34,942			\$0	\$34,942	
			\$34,942	\$0	\$0	\$0	\$34,942	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Crisis Response Team Apparel

Description/Justification

Line item for the purchase of additional MV shirts, jackets and hats have been included for new Crisis Response Team staff.

Calculation Description

Quote for apparel and embroidery for 5 staff= \$1,000

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
2026 VOCA	2026	Federal	\$1,000			\$0	\$1,000	
			\$1,000	\$0	\$0	\$0	\$1,000	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Victims' Rights Week Candlesticks

Description/Justification

Candlesticks for Victims' Rights Week candlelight vigil

Calculation Description

220 candlesticks @ \$126 per pack x 5 = \$630 + batteries = \$1000

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
2026 VOCA	2026	Federal	\$1,000			\$0	\$1,000	
			\$1,000	\$0	\$0	\$0	\$1,000	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Victims' Rights Event Rentals

Description/Justification

Chairs, tables, canopy, stage backdrop for Victims' Rights Week Event

Calculation Description

Quote for rental for event 1100.

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	
2026 VOCA	2026	Federal	\$1,100			\$0	\$1,100		
			\$1,100	\$0	\$0	\$0	\$1,100		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Office Supplies

Description/Justification

pens/pencils, paper, envelopes, toner, sanitizing supplies, desk organizers, calendars, binders, case folders, label makers, staplers, tape dispensers/tape, bankers boxes.

Calculation Description

125 per month x 12 = 1500

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
2026 VOCA	2026	Federal	\$1,500			\$0	\$1,500	
			\$1,500	\$0	\$0	\$0	\$1,500	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Elder Abuse Conference Registration

Description/Justification

Registration for Elder Abuse Conference.

Calculation Description

90 x 2 = 180

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	
2026 VOCA	2026	Federal	\$180			\$0	\$180		
			\$180	\$0	\$0	\$0	\$180		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Emergency Financial Assistance

Description/Justification

Emergency financial assistance for victims for medical devices, application fees, vehicle repairs, home door and window repairs, utilities, and other emergency needs that are not covered by insurance, CalVCB or provided by community agencies to ensure victim safety and stability. Direct assistance will be provided on a case-by-case basis and direct result of crime. Supporting documentation required: police report, CalVCB denial letter, insurance denial letters, and bills/invoices.

Calculation Description

\$200 per transaction x 10 victims = \$2,000

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	
2026 VOCA	2026	Federal	\$2,000			\$0	\$2,000		
			\$2,000	\$0	\$0	\$0	\$2,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Emergency Transportation for Victims

Description/Justification

Emergency transportation assistance for victims for safety (bus, plane, rideshare)

Calculation Description

\$125 per trip x 16 victims = \$2,000

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	
2026 VOCA	2026	Federal	\$2,000			\$0	\$2,000		
			\$2,000	\$0	\$0	\$0	\$2,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Emergency Food Gift Cards for victims

Description/Justification

Fast Food Gift Cards for Emergencies for victims

Calculation Description

150 cards x \$15 = 2,250

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	
2026 VOCA	2026	Federal	\$2,250			\$0	\$2,250		
			\$2,250	\$0	\$0	\$0	\$2,250		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Emergency Shelter for Victims

Description/Justification

Emergency shelter assistance for victims for safety

Calculation Description

\$125 per night x 2 nights x 10 victims = \$2,500

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	
2026 VOCA	2026	Federal	\$2,500			\$0	\$2,500		
			\$2,500	\$0	\$0	\$0	\$2,500		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Victims' Rights Event Photography/Videography

Description/Justification

Photographer and videographer for Victims' Rights Week Event.

Calculation Description

Quote for event = 2500

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
2026 VOCA	2026	Federal	\$2,500			\$0	\$2,500	
			\$2,500	\$0	\$0	\$0	\$2,500	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Propio Translation Services

Description/Justification

Translating services to help advocates work with the victims/witnesses.

Calculation Description

250 per month x 12 months = 3000

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	
2026 VOCA	2026	Federal	\$3,000			\$0	\$3,000		
			\$3,000	\$0	\$0	\$0	\$3,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Victims' Rights Event Sound/Lighting

Description/Justification

Sound and lighting for Victims' Rights Event

Calculation Description

Quote for sound/lighting = \$3,000

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	
2026 VOCA	2026	Federal	\$3,000			\$0	\$3,000		
			\$3,000	\$0	\$0	\$0	\$3,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Cellular - Ipad monthly costs

Description/Justification

Ipad for advocates to enter victim/witness information

Calculation Description

14 Ipad x 12 months x 21.37 = 3590

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	
2026 VOCA	2026	Federal	\$3,590			\$0	\$3,590		
			\$3,590	\$0	\$0	\$0	\$3,590		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Water Dispenser

Description/Justification

Monthly cost bottles of water and cups for victims

Calculation Description

30 per month x 12 = 360

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	
2026 VOCA	2026	Federal	\$360			\$0	\$360		
			\$360	\$0	\$0	\$0	\$360		

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Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Posters for Victims' Rights Event

Description/Justification

Posters for victims' families and Victims' Rights Week Event

Calculation Description

Quote for posters for Victims Rights Week = 4,000

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	
2026 VOCA	2026	Federal	\$4,000			\$0	\$4,000		
			\$4,000	\$0	\$0	\$0	\$4,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Printed Materials for Handouts

Description/Justification

Pamphlets for services, volunteers, and outreach, etc in English and Spanish

Calculation Description

2000 Spanish pamphlets x \$1 = 2000

2000 English pamphlets x \$1= 2000

=4000

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
2026 VOCA	2026	Federal	\$4,000			\$0	\$4,000	
			\$4,000	\$0	\$0	\$0	\$4,000	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Vehicle Maintenance - H24-22

Description/Justification

Maintenance costs for vehicle for the term of the grant

Calculation Description $379.66 \times 12 = 4556$

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
2026 VOCA	2026	Federal	\$4,556			\$0	\$4,556	
			\$4,556	\$0	\$0	\$0	\$4,556	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Vehicle Maintenance H24-49

Description/Justification

Maintenance costs for vehicle for the term of the grant

Calculation Description $379.66 \times 12 = 4556$

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	
2026 VOCA	2026	Federal	\$4,556			\$0	\$4,556		
			\$4,556	\$0	\$0	\$0	\$4,556		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Vehicle Maintenance H24-51

Description/Justification

Maintenance costs for vehicle for the term of the grant

Calculation Description $382.08 \times 12 = 4585$

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	
2026 VOCA	2026	Federal	\$4,585			\$0	\$4,585		
			\$4,585	\$0	\$0	\$0	\$4,585		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Beverages and Snacks for Victims

Description/Justification

Beverage options, cups, and snacks for victims while visiting our center or court waiting room.

Calculation Description

400 per month x 12 = 4,800 per month

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
2026 VOCA	2026	Federal	\$4,800			\$0	\$4,800	
			\$4,800	\$0	\$0	\$0	\$4,800	

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Office Furnishings

Description/Justification

Furniture, rugs and trauma-informed decor for interview rooms, advocate workspace, and mass violence response team supplies.

Calculation Description

Quote for furniture = \$5,000

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	
2026 VOCA	2026	Federal	\$5,000			\$0	\$5,000		
			\$5,000	\$0	\$0	\$0	\$5,000		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Cellular Phones for Advocates

Description/Justification

Cellular phones for advocate staff and above

Calculation Description

12phones x 12months x 39.94 = 5751

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	
2026 VOCA	2026	Federal	\$5,751			\$0	\$5,751		
			\$5,751	\$0	\$0	\$0	\$5,751		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Business Cards for Advocates

Description/Justification

Business cards for advocates to hand out to victims

Calculation Description

100 for cards x 5 employees = 500

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	
2026 VOCA	2026	Federal	\$500			\$0	\$500		
			\$500	\$0	\$0	\$0	\$500		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

California Crime Victims (CCVAA) Membership

Description/Justification

Membership cost for Program Supervisor

Calculation Description

500 x 1 = 500

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	
2026 VOCA	2026	Federal	\$500			\$0	\$500		
			\$500	\$0	\$0	\$0	\$500		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Garden Pathways Childcare

Description/Justification

Childcare for victims when they need to go to meetings or court.

Calculation Description

41.66 x 12 months = 500

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	
2026 VOCA	2026	Federal	\$500			\$0	\$500		
			\$500	\$0	\$0	\$0	\$500		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Grief Books for Victims

Description/Justification

Books on dealing with grief to help victims

Calculation Description

\$10 a book x 50 books = 500

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	
2026 VOCA	2026	Federal	\$500			\$0	\$500		
			\$500	\$0	\$0	\$0	\$500		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Victims' Rights Event Flowers

Description/Justification

Flower arrangement for Victims' Rights Week Event

Calculation Description

Quote for flowers = 600

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	
2026 VOCA	2026	Federal	\$600			\$0	\$600		
			\$600	\$0	\$0	\$0	\$600		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Copier Leases

Description/Justification

Lease and overage charges for use of copiers at Bakersfield FJC buildings

Calculation Description

333.33 per month x 2 copiers x 12 months = 7999.92

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	
2026 VOCA	2026	Federal	\$8,000			\$0	\$8,000		
			\$8,000	\$0	\$0	\$0	\$8,000		

Service Area Form - Counties

County(ies) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

Statewide

N/A

Total Funding Amount:

[]

[]

\$0.00

N/A option applies only to federally recognized tribes.

Counties	%	Funding Amount
Alameda	%	
Alpine	%	
Amador	%	
Butte	%	
Calaveras	%	
Colusa	%	
Contra Costa	%	
Del Norte	%	
El Dorado	%	
Fresno	%	
Glenn	%	
Humboldt	%	
Imperial	%	
Inyo	%	
Kern	100.00%	\$0.00
Kings	%	
Lake	%	
Lassen	%	
Los Angeles	%	
Madera	%	
Marin	%	
Mariposa	%	
Mendocino	%	
Merced	%	
Modoc	%	
Mono	%	
Monterey	%	
Napa	%	
Nevada	%	
Orange	%	
Placer	%	
Plumas	%	
Riverside	%	
Sacramento	%	
San Benito	%	

San Bernardino	%	
San Diego	%	
San Francisco	%	
San Joaquin	%	
San Luis Obispo	%	
San Mateo	%	
Santa Barbara	%	
Santa Clara	%	
Santa Cruz	%	
Shasta	%	
Sierra	%	
Siskiyou	%	
Solano	%	
Sonoma	%	
Stanislaus	%	
Sutter	%	
Tehama	%	
Trinity	%	
Tulare	%	
Tuolumne	%	
Ventura	%	
Yolo	%	
Yuba	%	

Total Funding:

\$0.00

Service Area Form - Congressional Districts

Congressional District(s) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

N/A

Total Funding Amount:

\$0.00

Congressional Districts	%	Funding Amount
Total District Funding:		

\$0.00

Service Area Form - State Assembly Districts

State Assembly District(s) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

N/A

Total Funding Amount:

\$0.00

State Assembly Districts	%	Funding Amount
Total District Funding:		

\$0.00

Service Area Form - State Senate Districts

State Senate District(s) Served

The source of the service area data can be found at the following link: [Offices and Subdivisions \(ca.gov\)](#)

N/A

Total Funding Amount:

[]		\$0.00
State Senate Districts	%	Funding Amount
Total District Funding:		

\$0.00

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:

Title:

Signature:

Date: