

Application Information Form

Program:*Victim/Witness Assistance - VW24***Grant Subaward Performance Period:***10/01/2024 to 09/30/2025***Subrecipient:***County of Lassen - District Attorney's Office***Subrecipient UEI:***H99GFNBCEJY7***Subrecipient Federal Employer ID:***94-6000517***Implementing Agency:***Lassen County District Attorney's Office***Payment Address***2950 RIVERSIDE DR
STE 102
SUSANVILLE
California
Lassen County
96130-4754***Primary Location of Project/Services****Address***2950 Riverside Dr. Suite 102***City:***Susanville***Address 2****County:***Lassen County***Zip Code:***96130-4754*

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:	<i>Susan M.</i>	Last Name:	<i>Rios</i>
Title:	<i>Lassen County District Attorney</i>	Email:	<i>mrios@co.lassen.ca.us</i>
Phone:	<i>(530) 251-8283</i>	State:	<i>CA</i>
Address:	<i>2950 Riverside Dr. Suite 102</i>	Zip Code:	<i>96130-4754</i>
City:	<i>Susanville</i>		

Financial Officer

Name:	<i>Nancy</i>	Last Name:	<i>Cardenas</i>
Title:	<i>Lassen County Auditor</i>	Email:	<i>ncardenas@co.lassen.ca.us</i>
Phone:	<i>(530) 251-8220</i>	State:	<i>CA</i>
Address:	<i>221 South Roop St. Suite 1</i>	Zip Code:	<i>96130-4339</i>
City:	<i>Susanville</i>		

Programmatic Point of Contact:

Name:	<i>Latoya</i>	Last Name:	<i>Salas</i>
Title:	<i>Victim/Witness Coordinator</i>	Email:	<i>lsalas@co.lassen.ca.us</i>
Phone:	<i>(530) 251-8281</i>	State:	<i>CA</i>
Address:	<i>2950 Riverside Dr. Suite 102</i>	Zip Code:	<i>96130-4754</i>
City:	<i>Susanville</i>		

Financial Point of Contact:

Name:	<i>Devin</i>	Last Name:	<i>Chandler</i>
Title:	<i>District Attorney's Executive Assistant</i>	Email:	<i>dchandler@co.lassen.ca.us</i>
Phone:	<i>(530) 251-8284</i>	State:	<i>CA</i>
Address:	<i>2950 Riverside Dr. Suite 102</i>	Zip Code:	<i>96130-4754</i>
City:	<i>Susanville</i>		

Chair of the Governing Body

Name:	<i>Aaron</i>	Last Name:	<i>Albaugh</i>
Title:	<i>Chairman, Lassen County Board of Supervisors</i>	Email:	<i>aalbaugh@co.lassen.ca.us</i>
Phone:	<i>(530) 251-8333</i>	State:	<i>CA</i>
Address:	<i>221 South Roop St. Suite 4</i>	Zip Code:	<i>96130-4339</i>
City:	<i>Susanville</i>		

Grant Subaward Authorized Agent

Devin Chandler

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



Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

**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.

Our program plans to provide all mandatory services as outlined in the VW Supplemental Program Components by staffing 1 full time coordinator and 1 full time advocate. The coordinator and advocate will maintain victim services caseloads and provide direct advocacy services to victims engaged in the program. The coordinator will aid maintain crisis response protocols/ procedures and be a contact person for law enforcement regarding mass victimization incidents. The advocate will also be trained to provide mandatory services as well as crisis response.

Our program reaches out to victims via phone or by mail to introduce them to our program and to inform them of their rights as a victim of crime.

Question 2

This section is for additional space to answer Question 1.

Once a victim is engaged with our program we will maintain communication with the victim in the manner that works best for them. It can be via phone, email, mail or in-person at our office, the courthouse or at another victim services agency.

Question 3

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

Our program provides the following optional services to victims/ survivors; employer/ creditor intervention, witness notification, funeral arrangement assistance, provide crime prevention information, transportation assistance when safety precaution are met and we assist with facilitating court waiting area's for victims, witnesses and family/friends of victims.

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.

Our program has protocols and procedures regarding responding to a mass victimization incident. Our procedures have been provided to our local law enforcement community as well as our county emergency preparedness department. We will continue to work with our partners with the goal of creating MOU's and a response plan.

In case of an after hour incident you can reach our coordinator, Latoya Salas at 530-310-5110.

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.

We have submitted and been approved for a volunteer waiver for the 2024-2025 grant year.

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.

We only have one field office and that is located at 2950 Riverside Dr. Suite 102, Susanville, Lassen County, CA 96130-5474. Our phone number is 530-251-8281 and currently we have our coordinator, Latoya Salas, and we are in the process of recruiting for an advocate. You can reach Ms. Salas at 530-251-8281.

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?	>10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$14,000,000
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?	Yes
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?	>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>Susanville Police Department</i>	<i>05/04/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</i>
<i>Lassen Family Services, DV Unit</i>	<i>05/04/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</i>
<i>Lassen Family Services, SA Unit</i>	<i>05/04/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</i>
<i>Lassen County Sheriff's Department</i>	<i>05/05/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</i>
<i>Lassen County Child and Family Services</i>	<i>05/06/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</i>
<i>California Highway Patrol, Susanville Area</i>	<i>05/16/2022</i>	<i>10/01/2022</i>	<i>09/30/2025</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	\$114,398	\$0	\$114,398	\$114,398	\$0	\$0	\$114,398
2024 VOCA	2024	Federal	\$143,084	\$0	\$143,084	\$110,259	\$0	\$0	\$110,259
2024 VWA0	2024	State	\$26,439	\$0	\$26,439	\$26,439	\$0	\$0	\$26,439
			\$283,921	\$0	\$283,921	\$251,096	\$0	\$0	\$251,096

PERSONNEL COSTS

2024 VCGF

2024 VOCA

2024 VWA0

Line Item Identifier	Description	FTE	Calculation	FS	Match	FS	Match	FS	Match	Total
VW Program Coordinator Salary and Benefits	1 F.T.E. Coordinator to oversee routine programmatic personnel for VW grant; supervisor of VW staff; provides direct victim services pursuant to P.C. 13835.5, P.C. 679-680 as well as grant requirements; maintains mass victimization protocols/ procedures/ response.	1		\$64,487	\$0	\$30,006	\$0	\$26,439	\$0	\$120,932
Mass Victimization Victim Advocate	Provide direct victim services pursuant to PC 13835.5, PC 679-680 and all VW grant requirements. Advocate will assist with providing outreach services for VW and regarding mass victimization incidents. Advocate will update mass victimization protocols and MOU's within Lassen County and surrounding counties, maintain go-bag supplies and respond to mass victimization incidents.	1		\$40,207	\$0	\$41,666	\$0			\$81,873

TRAVEL COSTS

2024 VOCA

Line Item Identifier	Description	Out of State	Calculation	FS	Match	FS	Match	FS	Match	Total
Trainings	Out of town trainings for new Advocate to attend: Entry Level Advocate training, Crisis Response and Mass Victimization trainings. All trainings require travel due to our rural location in Northern California. On average we have to travel to the airport, fly to the city the training will be in, pay for hotel, meals and possible rental car or taxi/ shuttle type services. Additional trainings: Coordinator to attend CCVAA meeting during the grant fiscal year.	N				\$7,000				\$7,000
Mileage to out of town trainings	Mileage to travel to airport (Four- 180 roundtrip miles to our nearest airport) for out of town trainings (entry level, crisis response, mass victimization and Coordinator training/ CCVAA meeting).	N				\$482				\$482
Mileage to attend Coordinator/ MVA Meetings	Mileage for bi-quarterly meetings for Coordinator or MVA to be in Redding at 224 miles roundtrip.	N				\$300				\$300

OTHER OPERATING COSTS

2024 VCGF

2024 VOCA

Line Item Identifier	Description	Calculation	FS	Match	FS	Match	FS	Match	Total
Liability Insurance	Cost Lassen County attributes to Victim Witness for Liability Insurance.	\$91.25 a month x 12 months = \$1095	\$532	\$0	\$563	\$0			\$1,095
Membership Dues	CCVAA membership dues for Coordinator and Advocate	\$135 (coordinator) + \$25 (advocate) = \$160			\$160	\$0			\$160
Office Supplies	Cover the cost of basic office supplies. i.e. Paper, folders, pens, printer toner, notepades, program business cards, and essentials to keep the program running through out the grant year.	\$200 a month x 12 months = \$2400	\$500	\$0	\$1,900	\$0			\$2,400
Postage Expense	To cover the cost the rising USPS rates in order to send out contact letters, brochures and correspondences to victims. Due to our rural location not everyone has reliable phone and/ or email services.	\$45 a month x 12 months = \$540	\$400	\$0	\$140	\$0			\$540
I.T. Costs	Covers: internet access, email, Office, anti-virus, system storage/ back-up, maintenance for VW work stations. The coordinator and the advocate each have a stationary work station as well as a mobile work station.	\$3500 per station x 4 (2 stationary and 2 mobile) = \$14000	\$3,500	\$0	\$10,500	\$0			\$14,000
Transportation and Vehicle Maintenance	Fuel for the VW vehicle to go to local meetings, trainings, outreach, court and assist with victim transportation for court or prosecution meetings. Also cover the cost of maintenance of the vehicle for bi-quarter oil changes and tire rotations.	Fuel: 100 gallons at \$5.25 a gallon = \$525 Oil Changes and Tire Rotations: 2 a year at \$90 = \$180			\$705	\$0			\$705

INDIRECT COSTS

2024 VCGF

2024 VOCA

Line Item Identifier	Description	Calculation	FS	Match	FS	Match	FS	Match	Total
Indirect Cost	Amount is calculated by Lassen County (\$21,609) and covers but not limited to: use of county administration, auditor, maintenance, janitorial services and utilities.	Total grant minus Indirect Costs: \$224,667 \$224,667 x 15% = \$33,700 Lassen County is charging less than 15% that is allowed = \$21,609	\$4,772	\$0	\$16,837	\$0			\$21,609

Budget Total	\$114,398	\$0	\$110,259	\$0	\$26,439	\$0	\$251,096
Allocation Plan Total	\$114,398	\$0	\$143,084	\$0	\$26,439	\$0	\$283,921
Over/Under	\$0	\$0	(\$32,825)	\$0	\$0	\$0	(\$32,825)

VW24029801

Total Funding: \$283,921.00

Counties

County Name	%	Funding Amount
Lassen	100%	\$283,921.00

Congressional Districts

County Name	%	Funding Amount
CD 1	100%	\$283,921.00

State Assembly Districts

County Name	%	Funding Amount
AD 1	100%	\$283,921.00
AD 2	%	\$0.00
AD 3	%	\$0.00
AD 4	%	\$0.00
AD 5	%	\$0.00
AD 6	%	\$0.00
AD 7	%	\$0.00
AD 8	%	\$0.00
AD 9	%	\$0.00
AD 10	%	\$0.00
AD 11	%	\$0.00
AD 12	%	\$0.00
AD 13	%	\$0.00
AD 14	%	\$0.00
AD 15	%	\$0.00
AD 16	%	\$0.00
AD 17	%	\$0.00
AD 18	%	\$0.00
AD 19	%	\$0.00
AD 20	%	\$0.00
AD 21	%	\$0.00
AD 22	%	\$0.00
AD 23	%	\$0.00
AD 24	%	\$0.00
AD 25	%	\$0.00
AD 26	%	\$0.00
AD 27	%	\$0.00
AD 28	%	\$0.00
AD 29	%	\$0.00
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AD 77	%	\$0.00

AD 78	%	\$0.00
AD 79	%	\$0.00
AD 80	%	\$0.00

State Senate Districts

County Name	%	Funding Amount
SD 1	100%	\$283,921.00

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: *Jessica M. Russ*
Signature: *Jessica M. Russ*

Title: *District Attorney*
Date: *9/5/2024*

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:

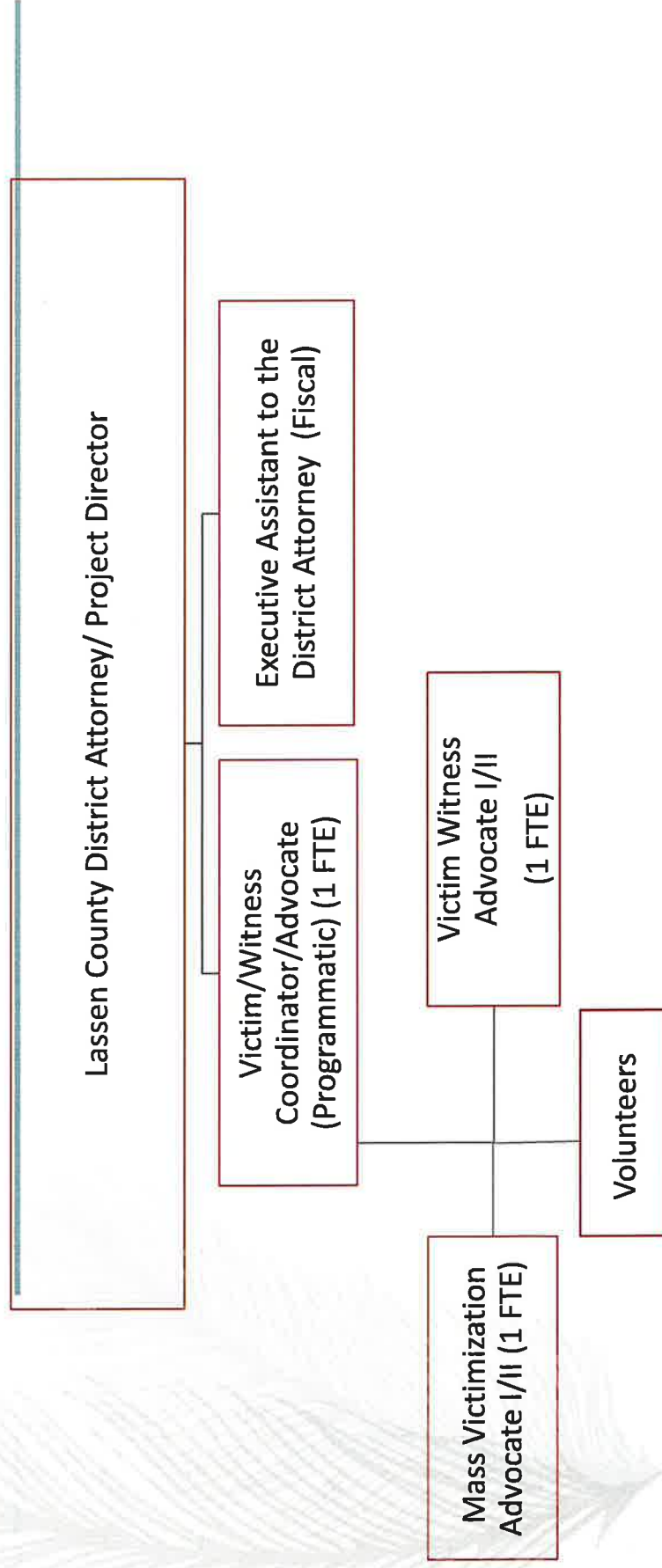
Date Executed:

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:

Lassen County District Attorney's Victim/Witness Assistance Program





Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form

Cal OES Subrecipients may request a partial or full match waiver for Victim of Crime Act (VOCA) Victim Assistance Formula Grant Program funds. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. Cal OES Grant Subaward Number: VW24 32 0180
2. Subrecipient's Name: County of Lassen
3. Grant Subaward Performance Period 10/01/2024 through 09/30/2025
4. VOCA Fund Source #1: 24VOCA

VOCA Victim Assistance Formula Grant Program Funds Awarded: \$ 143,084

Amount of Match Proposed (post approved Match Waiver): \$ 0

5. VOCA Fund Source #2 (if applicable): Select

VOCA Victim Assistance Formula Grant Program Funds Awarded:

Amount of Match Proposed (post approved Match Waiver):

6. Briefly summarize the services provided:

Our program provides services pursuant to California Penal Code 13835.4-13835.5. We assist victims of crime by educating people on the criminal justice system, victim's rights (Marsy's Law), provide local/state/national resources and referrals for services, assist victims with obtaining their property previously held as evidence, attend court, law enforcement interviews and attorney interviews with victims, provide victims with timely information about their case and possible resolutions and assist victims with making a request for restitution and applications for CalVCB.

7. Describe practical/logistical obstacles and/or local resource constraints to providing match:

Our program is housed within the Lassen County DA's Department; being able to accept donations for cash match becomes difficult. We have had difficulty hiring staff let alone trying to find adequate volunteers for our program to meet our in-kind match. The county is not in a position to assist with the amount of match VOCA is requiring.

Approved

Susan Grace

6/6/2024

Denied

Unit Chief Name

Unit Chief Signature

Date



Volunteer Waiver Request

Grant Subaward #: VW24 32 0180

Subrecipient: County of Lassen

Justification:

We are a rural county that has limited locations to attempt to recruit volunteers. Due to lack of office space we would not have a location for the volunteer to work on victim/ witness activities/ functions. If we did have a volunteer work in our office they have to go through a background check and have their fingerprints ran by law enforcement; that incurs a cost to our program that we do not necessary have funds for.

When it comes to outreach, if an event or activity is during regular business hours the VW staff provides the outreach; if the event or activity is on the weekends or after hours our VW staff still provides the outreach and we may have volunteers to help with things like setting up a booth and working at the informational booth. Unfortunately, at this time we can not predict how many weekend or after hour events or activities will take place during the 2024-2025 grant year.

For these reasons we are asking for a volunteer waiver for the 2024-2025 grant year.

Cal OES Approval

Approved Denied

Approved Denied

Shaynah Fox
Program Specialist Signature

07/15/24
Date

Susan Krace
Unit Chief Signature

7/15/2024
Date