OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF LASSEN

VICTIM/WITNESS ASSISTANCE PROGRAM

Susan M. Rios
District Attorney
Latoya Salas
Victim/Witness Coordinator

2950 Riverside Drive, Suite 102
Susanville, California 96130

(530) 251-8283
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(530) 251-8281

MEMORANDUM

TO : **Honorable Lassen County Board of Supervisors**
FROM : **Susan M. Rios**
Lassen County District Attorney
DATE : **July 28, 2026**
SUBJECT : **Continuation of Lassen County District Attorney's Victim/Witness Assistance Program**

Recommendation: That the Lassen County Board of Supervisors authorize the Board Chairman to execute the original Resolution of the Board of Supervisors Of Lassen County Approving The Undertaking Of The Lassen County District Attorney's Victim/Witness Assistance program To Be Funded From Funds Available Through the State of California Administered by the California Office of Emergency Services **and** authorize the Lassen County District Attorney and their authorized agent to execute any and all documents necessary in order to continue the grant funding for the Victim/Witness Assistance Program for grant year 2026/2027.

Summary: The Lassen County District Attorney's Victim/Witness Assistance Program has been in existence since 1991. The program is funded through the State of California utilizing both State and Federal monies. The goal of the program is to provide comprehensive services to victims of crime in Lassen County to lessen trauma experienced while the case moves its way through the criminal justice system. For 2026/2027, the program will be staffed with 2 full time equivalent (FTE) positions; one Victim/Witness Coordinator I/II who will devote 100% of their time to the Victim/Witness Assistance Program and handle the day-to-day programmatic responsibilities, carry a full victim case load, as well as working on any mass victimization incidents/trainings/and meetings; one Mass Victimization Advocate who will devote 100% of their time to the Victim/Witness Assistance assisting victims with case updates, carry a victim case load, outreach and mass victimization trainings and protocols.

It is the District Attorney's philosophy to attempt to isolate grant funding as much to personnel costs as possible and devote the necessary amount of funding to operational costs to have the program self-sufficient. Our grant budget includes the allowable under the grant for the amounts charged to the program for Workers Compensation Insurance, PERS Unfunded, indirect costs and Liability Insurance. We have set aside an amount for the costs of office supplies, postage expenses, memberships to victim services associations, trainings and vehicle maintenance. We cannot ask the grant for additional funds once our application is submitted.

Financial Impact: The costs of the District Attorney's Victim/Witness Assistance Program is reimbursed to Lassen County through the grant administered by the California Office of Emergency Services,

Victim Services Division, and Victim Witness Program. The Victim/Witness allocation to Lassen County for fiscal/grant year 2026/2027 will be $281,566.

Other Agency Involvement: There are no other County agencies involved with this project.

Attachments: A copy of the proposed Resolution and a copy of the entire grant application.

Dated: 7/28/2026

Susan M. Rios
Lassen County District Attorney

GAVIN NEWSOM
GOVERNOR

NANCY WARD
DIRECTOR

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

The California Governor's Office of Emergency Services (Cal OES) is soliciting applications for the following Non-Competitive Funding Opportunity:

Program:
Victim Witness Assistance - VW26

Description:
The purpose of the Program is to maintain Centers in each of California's 58 counties to provide comprehensive services to victims/survivors and witnesses of all types of violent crime, pursuant to California Penal Code section 13835.

Grant Subaward Performance Period:
Oct 01, 2026 - Sep 30, 2027

Eligible Applicant:
County of Lassen - District Attorney's Office

Authorized Agent:
Devin Chandler, Executive Assistant to the District Attorney
Latoya Salas, Victim/ Witness Coordinator
Susan Rios, District Attorney
Stephanie Hranac, Auditor/Controller

Available Funding Source(s) Allocation:

Funding Source Name	Fiscal Year	Type	Amount Available	Match Amount Available	Available Funding Total
2026 VWA0	2026	State	$4,112	$0	$4,112
2026 VOCA	2026	Federal	$215,859	$53,965	$269,824
2026 VCGF	2026	State	$61,595	$0	$61,595
			$281,566	$53,965	$335,531

Required Grant Subaward Assurances:

- Standard Certification of Compliance
- Program Standard Assurance Addendum
- Federal Fund Grant Subaward Assurances - 2026 VOCA.pdf

Application Due Date:
Sep 04, 2026

Application Information Form

Program:
Victim Witness Assistance - VW26

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

Subrecipient:
County of Lassen - District Attorney's Office

Subrecipient UEI:
DP56XRN2KGY4

Subrecipient Federal Employer ID:
94-6000517

Implementing Agency:
Lassen County District Attorney's Office

Payment Address

Primary Location of Project/Services

Address
2950 Riverside Dr. Suite 102

Address 2

City:
Susanville

County:
Lassen County

Zip Code:
96130-4754

Contact Information Form

Grant Subaward Contacts

Grant Subaward Director

First Name: Susan **Last Name:** Rios
Title: District Attorney
Phone: (530) 251-8283 **Email:** mrios@co.lassen.ca.us
Address: 2950 Riverside Drive Suite 102
City: Susanville **State:** California **Zip Code:** 96130

Financial Officer

Name: Stephanie **Last Name:** Hranac
Title: Auditor/Controller
Phone: (530) 251-8233 **Email:** shranac@co.lassen.ca.us
Address: 221 S. Roop Street, Suite 4
City: Susanville **State:** California **Zip Code:** 96130

Programmatic Point of Contact:

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

Financial Point of Contact:

Name: Devin **Last Name:** Chandler
Title: Executive Assistant to the District Attorney
Phone: (530) 251-8284 **Email:** dchandler@co.lassen.ca.us
Address: 2950 Riverside Drive Suite 102
City: Susanville **State:** California **Zip Code:** 96130

Chair of the Governing Body

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

Grant Subaward Authorized Agent

[X] Devin Chandler

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

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

Applicable Grant Subaward Assurances

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

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2026 VOCA.pdf	[X]*
Program Standard Assurance Addendum	[X]*
Standard Certification of Compliance	[X]*

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

[X]Subrecipient expends $1,000,000 or more in federal funds annually.
[ ]Subrecipient does not expend $1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received $30,000,000 or more in federal funds in the preceding fiscal years? * [ ]Yes [X]No

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Federal Fund Grant Subaward Assurances
Victims of Crime Act Victim Assistance Formula Grant Program – 2026 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 2026 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.

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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.

Initials

Cal OES
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OF EMERGENCY SERVICES

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 2026-27 Grant Subaward performance period.
We plan to provide all mandatory services as outlined in the VW Supplemental Program Components by staffing one full time coordinator and one full time advocate. Both staff members will maintain victim service caseloads and provide direct advocacy services to victims engaging in the program. The coordinator will be the contact person for law enforcement regarding a mass victimization incident or after hour concerns however, the advocate will be deployed to the MV incident, maintain our crisis response protocols/ procedures. Our Mass Victimization Advocate will continue their training for such incidents.

Our program will continue to reach out to victims via phone, mail and email to inform them of their rights as a crime victim. Once a victim is engaged with our program we will maintain communication with them in the manner that works best for them. We will try to accommodate their preferred method of communication as long as it is safe for the victim and our staff.

Question 2

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.
We provide the following optional services to victims/ survivors: employer/ creditor intervention; witness notification; funeral arrangement assistance; provide crime prevention information; transportation assistance when safety precautions are met; and we will continue to assist with facilitating court waiting areas for victims, witnesses and family members of the victim.

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.
Our program has protocols and procedures regarding responding to a MV/terrorism incident. We have provided our procedures to our local law enforcement agencies as well as our county emergency preparedness department. We will contine to educate our community of our services in the event of an incident.

Our after-hours contact is out coordinator, Latoya Salas, at 530-310-5110.

Question 4

List the name and contact information for your county's Mass Victimization Advocate.
Joshua Schell
Office Phone Number: 530-251-8281
Work Cell Number: 530-251-7992
Email: jschell@co.lassen.ca.us

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.
Our office is located at 2950 Riverside Drive, STE 102, Susanville, CA 96130-5474 and is Monday through Friday (except county approved holidays) from 8:00am-12noon and 1:00pm - 5:00pm. Our phone number is 530-251-8281. The MVA, Joshua Schell, and the Coordinator, Latoya Salas, can be reached at 530-251-8281. The program director, S. Melyssah Rios, can be reached at 530-251-8283.

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.
We are requesting a volunteer waiver as we are a rural county that has limited locations to recruit volunteers. Due to lack of office space we do not have a location for volunteers to work on VW activities or functions. If we were able to find a work space for a volunteer, the county would require them to go through a full background check just like a paid employee, billed to VW's budget.

While we do engage in outreach events, our staff provides the outreach. If we can find volunteers to assist with set-up and break down of the informational booth we will utilize them; however we don't have a way to guarentee who and how long the volunteer can assist us.

For these reasons we are asking for a volunteer waiver for the 2026-2027 grant year.

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?	$12,500,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	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
Lassen County Sheriff's Department	09/05/2025	10/01/2025	09/30/2028
Susanville Police Department	09/05/2025	10/01/2025	09/30/2028
California Highway Patrol - Susanville Office	09/05/2025	10/01/2025	09/30/2028
Lassen County Child and Family Services	09/05/2025	10/01/2025	09/30/2028
Lassen Family Services - DV Unit	09/05/2025	10/01/2025	09/30/2028
Lassen Family Services - SA Unit	09/05/2025	10/01/2025	09/30/2028

Funding Source Allocation

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Available	Available Funding Total	Funding Requested	Cash Match Amount Requested	In-Kind Match Amount Requested	Total Project Costs
2026 VCGF	2026	State	$61,595		**$61,595**	$61,595	$0	$0	**$61,595**
2026 VOCA	2026	Federal	$215,859	$53,965	**$269,824**	$215,859	$0	$0	**$215,859**
2026 VWA0	2026	State	$4,112		**$4,112**	$4,112	$0	$0	**$4,112**
			$281,566	**$53,965**	**$335,531**	**$281,566**	**$0**	**$0**	**$281,566**

Budget Cost Categories

Cost Form Selection(s)

[X]**Personnel Costs**
[ ]**Volunteer Costs**
[ ]**Contractor/Consultant Costs**
[ ]**Rent Costs**
[X]**Travel Costs**
[ ]**Equipment Costs**
[X]**Financial Assistance For Client's Costs**
[ ]**Second-Tier Subward Costs**
[ ]**Audit Costs**
[X]**Indirect Costs**
[X]**Other Operating Costs**
[X]**Match Waiver** 2026-2027 VOCA Match Waiver.pdf

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
VW Program Coordinator Salary and Bennefits

Description
1F.T.E. Coordinator to oversee routine programmatic personnel for VW grant; supervise VW staff; provide direct victim services pursuant to P.C. 15835.5, P.C. 679-680, Marsy's Rights and grant requirements.

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

Salary Per Month	Number of Months	Hours of Full-Time Workweek
$7,248.00	12.00	40.00

FTE	Full-Time Equivalent in Hours	Salary Calculation Total
1.0000	2,080	$86,976

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

Benefits Percentage	Benefits Calculation
55.10 %	$47,924

Benefits Description
CalPERS retirement, Social Security, Medi-Care, health and life insurance, worker's compensation and UAL (CalPERS unfunded accrued liability)

Calculation Total (Includes Benefits if provided)
$134,900

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	$41,595	$0	$0	$0	$41,595	
2026 VOCA	2026	Federal	$93,305	$0	$0	$0	$93,305	
			$134,900	**$0**	**$0**	$0	**$134,900**	

Personnel Budget Category Form

Personnel Costs

Budget/Project Line-Item
Mass Victimization Victim Advocate

Description
1F.T.E. Mass Victimization Victim Advocate to provide direct victim services pursuant to PC 13835.5, P.C. 679-680 and all VW grant requirements. Advocate will maintain a case load, assist with outreach regarding VW program and MV incidents. Advocate will also maintain/ update our protocols and go-bags as they relate to MV incidents.

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

Salary Per Month	Number of Months	Hours of Full-Time Workweek
$4,343.00	12.00	40.00

FTE	Full-Time Equivalent in Hours	Salary Calculation Total
1.0000	2,080	$52,116

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

Benefits Percentage	Benefits Calculation
78.74 %	$41,036

Benefits Description
CalPERS retirement, Social Security, Medi-Care, health and life insurance, worker's compensation and UAL (CalPERS unfunded accrued liability).

Calculation Total (Includes Benefits if provided)
$93,152

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	$20,000	$0	$0	$0	$20,000	
2026 VOCA	2026	Federal	$$73,152	$$0	$$0	$$0	$$73,152	
			$93,152	**$0**	**$0**	$0	**$93,152**	

Travel Budget Category Form

Travel Cost Type
Mileage Costs

Budget/Project Line-Item
Mileage Costs for VW Staff

Description
Mileage to travel to airport (if staff need to pick up clients or fly out for a training)), to in/out of town meetings, to/from court with or without clients, to provide outreach and to respond to MV incidents.

[X] **In State** [ ] **Out of State**

Number of Miles **Mileage Rate**

Calculation Total
$1,450.00

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	$1,450	$0	$0	**$0**	$1,450		
			$1,450	**$0**	**$0**	**$0**	**$1,450**		

Travel Budget Category Form

Travel Cost Type
Travel

Budget/Project Line-Item
Training for staff

Description
To cover the following:
Advocate: Advanced VW training and Advanced CRT
Coordinator: CDAA/CCVAA Conference

Any additional trainings that may be beneficial to staff of the course of the grant year.

A change request will be provided for trainings once they are announced.

[X] **In State** [ ] **Out of State**

Staff Traveling * **Travel Cost Per Staff**

Calculation Total
$6,000.00

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	$6,000	$0	$0	**$0**	$6,000		
			$6,000	**$0**	**$0**	**$0**	**$6,000**		

Financial Assistance For Clients Budget Category Form

Budget/Project Line-Item
Victim Emergency Assistance

Description:
Funds will be for expenses incurred to the victim as a result of the crime; examples: impound fees of vehicle as a direct result of the crime, fees associated with DMV as a result of vehicle being stored as evidence when a victims registration is due yet they do not have access to said vehicle, expenses as a result of a crime with known or unknown suspect for emergencies like hotel, emergency transportation (bus ticket or airline ticket) for safety as a payor of last resort. Not a complete list.

Is this Petty Cash (Cash/Check): [ ] Yes [X] No

Cash Amount	Quantity	Calculation Total
$1,000.00	12	$12,000

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	$12,000	$0	$0	**$0**	$12,000	
			$12,000	**$0**	**$0**	**$0**	**$12,000**	

Indirect Budget Category Form

Indirect Costs

Budget/Project Line-Item
Indirect Cost

Indirect Cost Rate
15% De Minimis

Description/Justification
Amount is calculated by Lassen County and covers (but not limited to) use of county administration, auditor services, maintenance/ janitorial services and utilities.

Calculation Method
Total grant minus Indirect Costs:
$281566 - $8880 = $272686
$272686 x 15% = $40,902.90

Lassen County calculated VW's amount less than the 15% allowed for a total of $8880.

Calculation Total
$8,880

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	$4,768	$0	$0	**$0**	$4,768		
2026 VWA0	2026	State	$4,112	$0	$0	**$0**	$4,112		
			$8,880	**$0**	**$0**	**$0**	**$8,880**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Liability Insurance

Description/Justification
Cost attributed to VW for liabilitly insurance for the year.

Calculation Description
$87 a month x 12 months = $1044.00.

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	$1,044	$0	$0	$0	$1,044		
			$1,044	**$0**	**$0**	**$0**	**$1,044**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Security System

Description/Justification
Security System for Office Space.

Calculation Description
$480 a year divided by four divisions in office = $120 a year for VW.

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	$120	$0	$0	**$0**	$120		
			$120	**$0**	**$0**	**$0**	**$120**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Vehicle Maintenance

Description/Justification

Cover the cost to the VW vehicle. This would cover tires, battery, windshield wipers, oil changes and tire rotations.

Calculation Description

Tires: $200 x 4 = $800
Battery: $1000
Oil changes with tire rotations: $150 x 2 = $300

Total: $2100

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	$2,100	$0	$0	**$0**	$2,100		
			$2,100	**$0**	**$0**	**$0**	**$2,100**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Outreach materials

Description/Justification
Cover the cost of a banner and personalize table cloths

Calculation Description
Due to price fluuation we cannon give an equation but we will not exceed $200

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	$200	$0	$0	$0	$200		
			$200	**$0**	**$0**	**$0**	**$200**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Necessity Bags for Victims

Description/Justification

Small necessity bags for victims when their situation leads them to be without such items for a short period of time. Will include but not limited to: Chapstick, small first-aid kit, deodorant, shampoo/ conditioner, soap, lotion, small flashlight, tissue, hand sanitizer, toothbrush/ toothpaste, stress ball/ fidget town, feminine products and coloring books with crayons.

Calculation Description

Each filled bag not to exceed $25.00 and would like to get 50 adult, 50 child bags and 50 teen bags for a total of $25 x 150 = $3750.

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	$3,750	$0	$0	$0	$3,750		
			$3,750	**$0**	$0	$0	**$3,750**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Memberships

Description/Justification
CCVAA Coordinator membership dues and CDAA Auxiliary membership for Coordinator and Advocate.

Calculation Description
CCVAA: $150.00
CDAA: $110 each x 2 = $220

Total: $150 + $110 = $370.00

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	$370	$0	$0	**$0**	$370		
			$370	**$0**	**$0**	**$0**	**$370**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Office Supplies

Description/Justification

Cover the cost of office supplies, i.e. paper, folders. pens, printer toner, notepads, calendars, items needed to update go-bags and essentials to keep the program runnign through out the grant year.

Calculation Description

$600 x 12 months = $7200.00

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	$7,200	$0	$0	**$0**	$7,200		
			$7,200	**$0**	**$0**	**$0**	**$7,200**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

I.T. Costs

Description/Justification

Covers: Internet access, email, Microsoft Office, anti-virus, system back-up and storage, and maintenance for VW work stations. Coordinator and MVA have one work station each.

Calculation Description

$3650 per work station x 2 = $7300

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	$7,300	$0	$0	$0	$7,300		
			$7,300	**$0**	**$0**	**$0**	**$7,300**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Comfort toys/ fidget toys for victims

Description/Justification

Purchase comfort toys, like stuffed animals, or fidget toys, like squishies or stress balls, for victims of all ages. For victims as they navigate the system. Something victims can have in their hands while they have to testify or listen to testimony/ court proceedings.

Calculation Description

200 items x $3.50 per item (item plus shipping) = $700

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	$700	$0	$0	**$0**	$700		
			$700	**$0**	**$0**	**$0**	**$700**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Cell phone data plan

Description/Justification
Work cell phone data plan for the year for the two VW cell phones.

Calculation Description
Data plan for 12 months $360 x 2 phones = $720.00.

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	$720	$0	$0	**$0**	$720		
			$720	**$0**	**$0**	**$0**	**$720**		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item

Postage Expenses

Description/Justification

Cover the cost associated with the rising USPS rates in order to sent out correspondence to victims. Due to our rural location, not everyone has reliable phone or internet services.

Calculation Description

$65 a month x 12 months = $780.00.

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	$780	$0	$0	$0	$780		
			$780	$0	$0	$0	$780		

Other Operating Budget Category Form

Other Operating Costs

Budget/Project Line-Item
Copier Expenses

Description/Justification
Use and maintenance of copier/scanner/fax for the office.

Calculation Description
$3600 a year divided by four divisions within the office = $900 for VW to utilize copier.

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	$900	$0	$0	**$0**	$900		
			$900	**$0**	**$0**	**$0**	**$900**		

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:**

[] [] $281,566.00

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	%	
Kings	%	
Lake	%	
Lassen	100.00%	$281,566.00
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:

$281,566.00

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:
$281,566.00

[ ]

Congressional Districts	%	Funding Amount
	Total District Funding:	$281,566.00

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:
$281,566.00

State Assembly Districts	%	Funding Amount
	Total District Funding:	$281,566.00

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)

Total Funding Amount:

N/A

$281,566.00

[ ]

State Senate Districts	%	Funding Amount

Total District Funding:

$281,566.00

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. Applicat/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances

By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

California Public Records Act

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.
Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

Upload California Public Records Act Exemption

Authorized Agent

Name: Tracy M Reis

Signature: TMReis

Title: District Attorney

Date: July 28, 2026

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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

Complete all sections of this form using the instructions below. This form must be uploaded in the Grants Central System as part of the Grant Subaward Application.

1. **VOCA Fund Source #1:** Utilize the drop-down menu to select the VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #1.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #1.

2. **VOCA Fund Source #2 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #2.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #2.

3. **VOCA Fund Source #3 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #3.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #3.

4. **Briefly summarize the services provided:** Provide a narrative response.

5. **Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response.

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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 Victims 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. VOCA Fund Source #1: 26VOCA
   VOCA Victim Assistance Formula Grant Program Funds Awarded: 215859
   Amount of Match Proposed: 0
2. VOCA Fund Source #2 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
4. Briefly summarize the services provided:
   Services pursuant to CA Penal Code 138354-13835.5. We assist crime victims by educating people on the criminal justice system, victim©s rights/ Marsy©s Law, provide local, state and national resources/ referral for services, assist victim©s with obtaining property held as evidence, attend court with/ for victims attend meetings with victims to speak to law enforcement and prosecutors, provide timely information about case status and disposition of case to victims, assist victims with their rights regarding victim restitution and filing applications to CalVCB.

5. Describe practical/logistical obstacles and/or local resource constraints to providing match.
   Due to our program being housed within the Lassen County District Attorney©s Office, being able to accept donations for cash match is difficult. We are a small office and trying to stay fully staffed has been difficult in the past; let alone trying to find adequate volunteers to meet our in-kind match. The county is not in a position to assist with the amount of match VOCA is requiring.

   We are asking for a 100% match waiver for the 2026-2027 grant year.

RESOLUTION NO.: _____

RESOLUTION OF THE BOARD OF SUPERVISORS OF LASSEN COUNTY APPROVING THE UNDERTAKING OF THE LASSEN COUNTY DISTRICT ATTORNEY'S VICTIM/WITNESS ASSISTANCE PROGRAM TO BE FUNDED FROM FUNDS AVAILABLE THROUGH THE STATE OF CALIFORNIA ADMINISTERED BY THE CALIFORNIA OFFICE OF EMERGENCY SERVICES

WHEREAS, the Lassen County District Attorney's Office desires to undertake a certain project designated as the Lassen County District Attorney's Victim/Witness Assistance Program to be funded from funds made available through the State of California administered by the California Office of Emergency Services (hereinafter referred to as CalOES);

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LASSEN that the District Attorney of the County of Lassen and their authorized agent is authorized on its behalf to submit and sign an application for continued funding and Grant Award Agreement through CalOES for the federal fiscal year 2026/2027; October 1, 2026 through September 30, 2027, and is authorized to execute on behalf of the Lassen County Board of Supervisors said re-application and Grant Award Agreement for the federal fiscal year 2026/2027 including any extensions or amendments thereof;

BE IT FURTHER RESOLVED that the applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of CalOES and that the cash match will be appropriated as required;

IT IS AGREED that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and CalOES disclaim responsibility for any such liability;

BE IT FURTHER RESOLVED that the grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

The foregoing Resolution was duly adopted at a regular meeting of the Board of Supervisors of the County of Lassen, State of California, held _____, 2026, by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

_____
Chairman of the Board of Supervisors,
County of Lassen, State of California

ATTEST:
JULIE BUSTAMANTE, Clerk of the Board

By: _____
MICHELE YDERRAGA, Deputy Clerk of the Board

I, MICHELE YDERRAGA, Deputy Clerk of the Board of Supervisors, County of Lassen, State of California, and ex-officio clerk of the Board of Supervisors thereof, do hereby certify that the foregoing Resolution was adopted by the said Board of Supervisors at a regular meeting thereof held on the _____ day of _____, 2026.

_____
MICHELE YDERRAGA
Deputy Clerk of the Board of Supervisors