

October 8, 2015

Perla Flores, Director, Solutions to Violence Division  
Community Solutions For Children Families and Individuals, Inc.  
9015 Murray Ave, #100  
Gilroy, CA 95020

Subject: **NOTIFICATION OF APPLICATION APPROVAL**  
Domestic Violence Response Team Program  
Subaward #: VA15 02 1043, Cal OES ID: 069-90500

Dear Ms. Flores:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$125,000, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at [www.caloes.ca.gov](http://www.caloes.ca.gov).

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

CJVS Grants Processing

Enclosure

c: Subrecipient's file

Cal OES# 009-90500-00 FIPS# 009-90500 VS \_\_\_\_\_ CFDA# \_\_\_\_\_ Grant# VAIS 02 1043

# **CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES** **GRANT AWARD FACE SHEET (Cal OES 2-101)**

The California Governor's Office of Emergency Services hereafter designated Cal OES, hereby makes a Grant Award of funds to the following:

**1. Grant Recipient:** Community Solutions for Children Families and Individuals **1a. DUNS#** 081265670

In the amount and for the purpose and duration set forth in this Grant Award.

**2. Implementing Agency:** Community Solutions for Children Families and Individuals **2a. DUNS#** 081265670

**3. Implementing Agency Address:** 9015 Murray Ave., #100 Gilroy, CA 95020-3617  
Street City Zip+4

**4. Location of Project:** Morgan Hill, CA Santa Clara 95037-7130  
City County Zip+4

**5. Disaster/Program Title:** Domestic Violence Response Team Program **6. Performance Period:** 07/01/15 to 06/30/16

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2014	7. VAWA		\$16,355				\$0	\$16,355
2015	8. VAWA		\$108,645				\$0	\$108,645
Select	9. Select						\$0	\$0
Select	10. Select						\$0	\$0
Select	11. Select						\$0	\$0
	12. TOTALS	\$0	\$125,000	\$125,000	\$0	\$0	\$0	12G. Total Project Cost: \$125,000

13. This Grant Award 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 Award Agreement, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Grant Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Grant Recipient accepts this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Grant Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

**14. Official Authorized to Sign for Applicant/Grant Recipient:** **15. Federal Employer ID Number:** 23-7351215

Name: Erin O'Brien Title: President / CEO

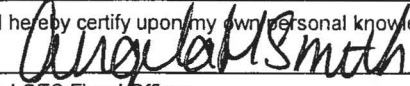
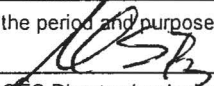
Telephone: (408) 497-5056 FAX: (408) 842-0838 Email: erin.obrien@communitysolutions.org  
(area code) (area code)

Payment Mailing Address: 9015 Murray Avenue, #100 City: Gilroy, CA Zip+4: 95020-3617

Signature:  Date: 7/20/15

**(FOR Cal OES USE ONLY)**

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

 10/7/15  10/7/15  
 Cal OES Fiscal Officer Date Cal OES Director (or designee) Date

Yr: 2015-16 / Chapter: /10/ PCA No: 18214  
 Item: 0690-101-0890 Component: 40.20.161  
 FAIN #: 2014-WF-AF-0045 CFDA#: 16.588  
 Federal Award Dates: 7/1/14 to 6/30/16  
 Fund: Federal Trust  
 Program: Domestic Violence Response Team Program  
 Match Req.: 25% C/IK based TPC-Match met by General Fund-DV  
 Project No.: 14VAWA Amount: \$ 161,355

Yr: 2015-16 / Chapter: /10/ PCA No: 18215  
 Item: 0690-101-0890 Component: 40.20.161  
 FAIN #: TBD CFDA#: 16.588  
 Federal Award Dates: 7/1/15 to 6/30/17  
 Fund: Federal Trust  
 Program: Domestic Violence Response Team Program  
 Match Req.: 25% C/IK based TPC-Match met by General Fund-DV  
 Project No.: 15VAWA Amount: \$ 108,645

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
SUPPLEMENTAL GRANT SUBAWARD INFORMATION**

**1. Cal OES Contact Information Section:**

Governor's Office of Emergency Services  
Mark S. Ghilarducci, Director  
3650 Schriever Avenue  
Mather, CA 95655  
(916) 845-8506 phone • (916) 845-8511 fax

**2. Federal Awarding Agency Section:**

<b>Fund Year</b>	<b>Federal Program Fund / CFDA #</b>	<b>Federal Awarding Agency</b>	<b>Total Federal Award Amount</b>	<b>Total Local Assistance Amount</b>
2015	Violence Against Women Act (VAWA) / 16.588	Department of Health and Human Services	13,227,980\$	11,905,182\$
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$
Choose an item.	Choose an item.	Choose an item.	\$	\$

**3. Project Description Section:**

- Project Acronym (Please choose from drop down):  
Domestic Violence Response Team Program (VA)
- Project Description (Please type the Project Description):  
Funds local domestic violence service agencies to collaborate with law enforcement to facilitate a coordinated response to domestic violence victims through training and the development of protocols.

**4. Research & Development Section:**

- Is this Subaward a Research & Development grant? Yes ☐ No ☒

### SPECIAL CONDITION

Grant Award Agreement No. VA15 02 1043 is hereby approved with the following conditions:

- The 2015 VAWA Funds in the amount of \$ 108,645 , cannot be expended until the FY 2015/2016 Federal VAWA Award is received by CalOES.
- All 2014 VAWA Funds, in the amount of \$ 16,355 , must be expended by March 31, 2016 and all 2-201s for these funds must be received by Cal OES by April 30, 2016, reducing the liquidation period for these funds to 60 days.
- Should the 2015 Federal VAWA Award be reduced, you will be notified and required to amend the Grant Award Agreement.

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the grant award and/or the denial of future grant funds.

**PROJECT CONTACT INFORMATION**

Recipient Community Solutions for Children Families and Individuals Grant Number

VAIS 02 1043

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: Perla Flores Title: Director, Solutions to Violence Division

Telephone #: 408-776-6294 Fax#: 408-778-9672 Email Address: perla.flores@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

2. The **Financial Officer** for the project:

Name: George Archambeau Title: Chief Financial Officer

Telephone #: 408-846-4777 Fax#: 408-842-0838 Email Address: george.archambeau@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Perla Flores Title: Director, Solutions to Violence Division

Telephone #: 408-776-6294 Fax#: 408-778-9672 Email Address: perla.flores@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Jan Pham Title: Controller

Telephone #: 408-846-4744 Fax#: 408-842-0838 Email Address: jan.pham@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Erin O'Brien Title: President / CEO

Telephone #: 408-497-5056 Fax#: 408-842-0838 Email Address: erin.obrien@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 14 of the Grant Award Face Sheet:

Name: Erin O'Brien Title: President / CEO

Telephone #: 408-497-5056 Fax#: 408-842-0838 Email Address: erin.obrien@communitysolutions.org

Address/City/Zip: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020

7. The **chair** of the **Governing Body** of the recipient:

Name: Greg Sellers Title: Board Chairperson

Telephone #: 800-407-7990 Fax#: None Email Address: sellers@garlic.com

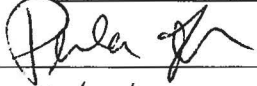
Address/City/Zip: Clean Power Finance, 201 Mission St. 11th Fl., San Francisco, CA 94105

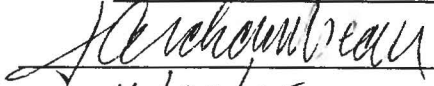
## SIGNATURE AUTHORIZATION

Grant Award #: VAIS 02 1043

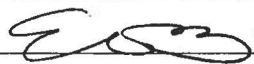
Grant Recipient: Community Solutions for Children Families and Individuals  
Implementing Agency: Community Solutions for Children Families and Individuals

\*The **Project Director** and **Financial Officer** are **REQUIRED** to sign this form.

\***Project Director:** Perla Flores  
Signature:   
Date: 4/10/15

\***Financial Officer:** George Archambeau  
Signature:   
Date: 4/20/15

The following persons are authorized to sign for the  
**Project Director**

  
Signature  
Erin O'Brien, President / CEO  
Name

Signature

Name

Signature

Name


Signature

Name

Signature

Name

The following persons are authorized to sign for the  
**Financial Officer**

  
Signature  
Jan Pham, Controller  
Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

**CERTIFICATION OF ASSURANCE OF COMPLIANCE**  
**With Statutory Requirements of the Violence Against Women Act (VAWA) As Amended,**  
**Services\*Training\*Officers\*Prosecutors (STOP) Formula Grant Program**

I, Erin O'Brien hereby certify that  
(official authorized to sign grant award; same person as Section 14 on Grant Award Face Sheet)

RECIPIENT: Community Solutions for Children Families and Individuals  
IMPLEMENTING AGENCY: Community Solutions for Children Families and Individuals  
PROJECT TITLE: Domestic Violence Response Team

is responsible for reviewing the *Grant Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

**I. Federal Grant Funds**

Recipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Recipient Handbook for more detail.

- ☐ The above named recipient receives \$750,000 or more in federal grant funds annually.
- ☒ The above named recipient does not receive \$750,000 or more in federal grant funds annually.

**II. Equal Employment Opportunity – (*Recipient Handbook Section 2151*)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: George Archambeau  
Title: Chief Financial Officer  
Address: Community Solutions, 9015 Murray Ave., #100, Gilroy, CA 95020  
Phone: 408-846-4777  
Email: george.archambeau@communitysolutions.org

### **III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

### **IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)**

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal OES funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

### **V. Lobbying – (Recipient Handbook Section 2154)**

Cal OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

### **VI. Debarment and Suspension – (Recipient Handbook Section 2155)** (*This applies to federally funded grants only.*)

Cal OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

### **VII. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. 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 Cal OES, and that any 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 Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

### **VIII. Special Condition for Violence Against Women Act (VAWA)**

#### **• Filing Costs for Criminal Charges and Protection**

Its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, or in connection with the filing, issuance, registration, or service of a protection order, or a petition for a protection order, to protect a victim of



domestic violence, stalking, or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the state, tribal, or local jurisdiction.

- **Forensic Medical Examination Payment Requirement for Victims of Sexual Assault**

The state or territory, Indian tribal government, unit of local government, or another governmental entity incurs the full out-of-pocket cost of forensic medical exams for victims of sexual assault. The state or territory, Indian tribal government, unit of local government, or another governmental entity does not require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, or to be reimbursed for charges incurred on account of such an exam.

- **Judicial Notification**

The state's judicial administrative policies and practices include notification to domestic violence offenders of the requirements delineated in section 922(g)(8) and (g)(9) of title 18, United States Code, and any applicable related Federal, State, or local laws.

- **Polygraph Testing Prohibition**

The state or local unit of government's laws, policies, or practices ensure that no law enforcement officer, prosecuting officer or other government official shall ask or require an adult, youth, or child victim of an alleged sex offense as defined under Federal, tribal, state, territorial, or local law to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense.

- Under 42 U.S.C. 3796gg-8(b), the refusal of a victim to submit to a polygraph or other truth telling examination shall not prevent the investigation, charging, or prosecution of an alleged sex offense by a state, Indian tribal government, territorial government, or unit of local government.

- **Nondisclosure of Confidential or Private Information Regarding Services for Victims**

Recipients and subrecipients may not disclose personally identifying information about victims served with Violence Against Women funds without a written release, unless the disclosure of the information is required by a statute or court order. "Personally identifying information" means individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking. Releases must be written, informed and reasonably time-limited and signed by the victim unless the victim is an un-emancipated minor or a person with disabilities.

- **Consultation and Documentation with Local Victim Services Programs**

*(Applies only to law enforcement, prosecution and the courts)*

Tribal, territorial, State, or local prosecution, law enforcement, and courts must consult with tribal, territorial, State or local victim service programs during the course of developing their grant applications. This will ensure that proposed activities and equipment acquisitions are designed to promote the safety, confidentiality, and economic independence of victims of domestic violence, sexual assault, stalking and dating violence.

All appropriate documentation must be maintained on file by the project and available for Cal OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal OES determines that any of the following has occurred:

(1) the Recipient has made false certification, or (2) violates 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 Award Agreement [Section 14 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: 

Authorized Official's Typed Name: Erin O'Brien

Authorized Official's Title: President / CEO

Date Executed: 4/20/15

Federal Employer ID #: 23-7351215 Federal DUNS # 081265670

Current Central Contractor Registration Expiration Date: 03/23/2016

Executed in the City/County of: Santa Clara County

#### AUTHORIZED BY: *(not applicable to State agencies)*

☐ City Financial Officer

☐ County Financial Officer

☐ City Manager

☐ County Manager

☒ Governing Board Chair

Signature: 

Typed Name: Janie Mardesich

Title: Board Vice Chairperson

**BUDGET CATEGORY AND LINE ITEM DETAIL**

Grant Recipient:				Grant Number: VA1502104		
A. Personal Services – Salaries/Employee Benefits				VAWA 14	VAWA 15	
				\$ 16,355	\$ 108,645	COST
15%	Program Manager (Bilingual)	\$ 8,415		\$ 6,148	\$ 2,267	\$ 8,415 ✓
Annual Salary	\$ 56,100					
Manages day-to-day operations working to ensure that program goals and objectives are met; provides direct services to clients as needed; assists with administrative responsibilities including hiring and training staff, scheduling, performance evaluations, monitoring program effectiveness, and financial and statistical duties; collaborates with public and community-based agencies, as needed to ensure quality service delivery						
30 Hrs Week (75% FTE)	Advocate / Case Manager (Bilingual)	\$ 32,934		\$ 7,940	\$ 24,994	\$ 32,934 ✓
Conducts initial assessment and referrals for Family Justice Center Walk-Ins; assists clients with development of individualized safety plans, provides on-going case management and advocacy for survivors. Conducts Roll Call Trainings for Law Enforcement partners and assists with trainings for DFCS and other Family Justice Center partners.						
Non-Benefited Position - \$19.57 per hour x 30 hours per week		\$ 30,535				
Second Language Differential Stipend		\$ 2,399				
Annual Salary	\$ 32,934					
<b>Payroll Taxes</b>						
Program Manager	\$56,100 x 10.34% = \$5,800 x 15% = \$870	\$ 870			\$ 870	\$ 870 ✓
Advocate	\$32,934 x 10.34% x 100% = \$3,405	\$ 3,405			\$ 3,405	\$ 3,405 ✓
Calculated at 10.34% of Salary, include the employer's contribution to Social Security and Medicare.						
<b>Fringe Benefits</b>						
Program Manager	\$13,678 x 15% = \$2,052	\$ 2,052		\$ 1,367	\$ 685	\$ 2,052 ✓
Advocate	Benefits Waiver Stipend \$34.62 every two weeks X 26 weeks = \$900	\$ 900		\$ 900		\$ 900 ✓
Fringe benefits are granted in accordance with organization policies and the Collective Bargaining Agreement. They include regular compensation paid to employees during periods of authorized absence from the job (vacation, sick leave, military leave, holidays); and in the form of employer contributions or expenses for unemployment insurance, health insurance (medical dental, vision, core life/AD&D), Worker's Compensation and retirement. The cost for each employee varies depending on age, choice of insurance carrier, number of dependents, and amount contributed to retirement.						
Personal Section Totals				\$ 16,355 ✓	\$ 32,221 ✓	\$ 48,576 ✓
<b>PERSONAL SECTION TOTAL</b>						\$48,576

## BUDGET CATEGORY AND LINE ITEM DETAIL

Grant Recipient:		Grant Number: <b>VA15021043</b>		
B. Operating Expenses		VAWA 14	VAWA 15	COST
<b>Professional Fees - Subcontract</b>	Salary, payroll taxes and fringe benefits for 0.25 FTE Domestic Violence Detective employed by the Morgan Hill Police Dept. \$5,208.33 per month X 12 months		\$ 62,500	\$62,500
<b>Professional Fees - Accounting, Other</b>	Charges for Legal, Auditing, Janitorial services \$21 per month X 12 months		\$ 252	\$252
<b>Share of Office Furnishings/Equip.</b>	Cost of office furniture & equipment and supplies to maintain them. \$37.5 per month X 12 months		\$ 450	\$450
<b>Office Supplies</b>	Paper, tape, scissors, staplers, ink cartridge, binder clips, file folders etc.; average costs of \$21 per month x 12 months.		\$ 252	\$252
<b>Program Supplies</b>	Copies, videos, handouts		\$ 150	\$150
<b>Telephone</b>	Cellphone, landline \$31 per month X 12 months = \$372 per year X 75% FTE		\$ 279	\$279
<b>Postage / Shipping</b>	Postage for reports Average of \$6.00 postage per report x 4 reports		\$ 25	\$25
<b>Occupancy</b>	Costs related to occupying space including signage, tenant improvement costs, infrastructure costs, cost of financial transactions. Average of \$41 per month x 12 months		\$ 500	\$500
<b>Office Rent</b>	125 sq. ft. @ \$1.75/sq.ft. = \$218.75/mo. x 12 mo. = \$2,625/yr. per FTE x .90 FTEs = \$2,362		\$ 2,362	\$2,362
<b>Empowerment Fund/Client Direct Assistance</b>	Direct client assistance average \$300 per client x 13 clients: provide financial assistance for household establishment, medical needs, bills, telephone, car repair, transportation, etc.		\$ 3,855	\$3,855
<b>General Insurance</b>	Cost of insurance for property, liability, directors & officers, employee dishonesty		\$ 246	\$246
<b>Utilities</b>	Cost of water, gas, electricity and garbage hauling Average \$69.75 per month X 12 months		\$ 837	\$837
<b>Mileage Reimbursement</b>	Calculated at the rate of \$0.575/mile X 100 miles per month - this reimburses staff when they transport clients and attend meetings related to the project. \$0.575 x 100 miles x 12 months		\$ 690	\$690
<b>Training - FJC Training</b>	Cost of attending Family Justice Center Training: Registration for 2 employees at \$250 per attendee: \$ 500 Hotel for three nights at \$250 per night: \$ 750 Per Diem for 2 employees x 3 days x \$46 per day: \$ 276 Air Fare for 2 employees at \$350 each: \$ 700		\$ 2,226	\$2,226
<b>MIS Computer Charges</b>	Share of expenses for computer servers, software, licenses, and supplies \$150 per month X 12 months		\$ 1,800	\$1,800
OPERATING SECTION TOTAL		\$ -	\$ 76,424.00	\$76,424
OPERATING SECTION TOTAL				\$76,424

### BUDGET CATEGORY AND LINE ITEM DETAIL

[illegible]

## CJVS Budget Summary Report

**VA15 Domestic Violence Response Team Program**

Community Solutions For Children Families and Individuals, Inc.

Domestic Violence Response Team

Subaward #: VA15 02 1043

Performance Period: 07/01/15 - 06/30/16

Latest Request: , Not Final 201

**A. Personal Services - Salaries/Employee Benefits**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	14VAWA	16,355	0	16,355	0	16,355
F	15VAWA	32,221	0	32,221	0	32,221
<b>Total A. Personal Services - Salaries/Employee Benefits:</b>		<b>48,576</b>	<b>0</b>	<b>48,576</b>	<b>0</b>	<b>48,576</b>

**B. Operating Expenses**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	14VAWA	0	0	0	0	0
F	15VAWA	76,424	0	76,424	0	76,424
<b>Total B. Operating Expenses:</b>		<b>76,424</b>	<b>0</b>	<b>76,424</b>	<b>0</b>	<b>76,424</b>

**C. Equipment**

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	14VAWA	0	0	0	0	0
F	15VAWA	0	0	0	0	0
<b>Total C. Equipment:</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
<b>Total Local Match:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Funded:</b>	<b>125,000</b>	<b>0</b>	<b>125,000</b>	<b>0</b>	<b>125,000</b>
<b>Total Project Cost:</b>	<b>125,000</b>	<b>0</b>	<b>125,000</b>	<b>0</b>	<b>125,000</b>

F/S/L (Funding Types): F=Federal, S=State, L=Local Match

Paid/Expended=posted in ledger w/Claim Schedule. Pending=Processed. but not vet in Claim Schedule

10/08/15