

Application Information Form

Program:*Probation Specialized Units - PU25***Grant Subaward Performance Period:***10/01/2025**to**09/30/2026***Subrecipient:***County of Humboldt - Probation Department***Subrecipient UEI:***JKF4BN9LWRW8***Subrecipient Federal Employer ID:***94-6000513***Implementing Agency:***Humboldt County Probation Department***Payment Address****Primary Location of Project/Services****Address***555 H St.***City:***Eureka***Address 2****County:***Humboldt County***Zip Code:***95501-1045*

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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.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

Grant Subaward Contacts

Grant Subaward Director

First Name: *Darren*
Title: *Division Director*
Phone: *(707) 444-0645*
Address: *555 H St. Suite D*
City: *Eureka*

Last Name: *Ghisetti*
Email: *dghisetti@co.humboldt.ca.us*
State: *California* **Zip Code:** *95501*

Financial Officer

Name: *Ellisha*
Title: *Legal Office Business Manager*
Phone: *(707) 268-3304*
Address: *2002 Harrison Ave.*
City: *Eureka*

Last Name: *Hardison*
Email: *ehardison@co.humboldt.ca.us*
State: *California* **Zip Code:** *95501*

Programmatic Point of Contact:

Name: *Darren*
Title: *Division Director*
Phone: *(707) 444-0645*
Address: *555 H St. Suite D*
City: *Eureka*

Last Name: *Ghisetti*
Email: *dghisetti@co.humboldt.ca.us*
State: *California* **Zip Code:** *95501*

Financial Point of Contact:

Name: *Ellisha*
Title: *Legal Office Business Manager*
Phone: *(707) 268-3304*
Address: *2002 Harrison Ave.*
City: *Eureka*

Last Name: *Hardison*
Email: *ehardison@co.humboldt.ca.us*
State: *California* **Zip Code:** *95501*

Chair of the Governing Body

Name:
Title:
Phone:
Address:
City:

Last Name:
Email:
State: **Zip Code:**

Grant Subaward Authorized Agent

☒ *Coral Sanders*

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 - 2024 STOP.pdf	<input checked="" type="checkbox"/> *
Federal Fund Grant Subaward Assurances - 2025 STOP.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 funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

☐ Subrecipient expends \$1,000,000 or more in federal funds annually.

☒ Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? * ☐ Yes ☒ No

Programmatic Narrative Form

Navigation Instructions:

- All required fields are marked with an *.
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- When done, click the **SAVE** button.

Narrative Questions/Responses

Question 1 *

Describe the minimum qualifications of proposed staff.

The Probation Special Units Program (PSUP) in Humboldt County will consist of one caseload supervised by a Senior Probation Officer. Promotion to the position of Senior Probation Officer requires, at minimum, completion of the Probation Officer Core Course, Penal Code 832 training, and two years of experience as a Probation Officer. Any Senior Officer assigned to this program would also have completed Effective Practices in Community Supervision (EPICS) training. EPICS is designed to address and mitigate criminogenic needs, thereby reducing the level of risk the probationer poses to the community and to their victim. The EPICS interventions are intended to address criminogenic needs as identified with a dynamic needs assessment tool. In instances where the offender is not ready to work toward implementing positive changes or does not see the need, the Senior Probation Officer would use Motivational Interviewing (MI) to help move the offender past pre-contemplation and closer to a stage of change readiness.

Question 2 *

Describe the plan for development and implementation of training to ensure Specialized Unit Probation Officer(s) assigned to the Program receive required training.

The department employs a training manager who receives routing updates from Chief Probation Officers of California (CPOC) and maintains a training plan for each officer. The Senior Probation Officer assigned to the PSUP caseload's training plan would include a 16-hour intensive Domestic Violence Core Training for Probation Officers offered through CPOC. It is anticipated that the officer would attend Government Training Agency's (GTA's) eight-hour course titled Domestic Violence for First Responders as well as GTAs eight-hour course titled Sexual Assault for First Responders.

Question 3 *

Describe the criteria for probationer case assignment(s) to the unit and include how the monthly probation caseload is determined and maintained at a reduced level.

The Humboldt County Probation Department typically supervises double the number of domestic violence offenders as would be supervised at any given time on the PSUP caseload of 40 offenders. Therefore, more stringent guidelines are needed to determine the most appropriate offenders to place in the PSUP beyond simply identifying those with domestic violence convictions and a court order to complete a Batterer's Intervention Program (BIP). The domestic violence offenders who would be placed into the PSUP would be selected based on risk score, the findings of the lethality assessment, and geographic location. The offenders who have been assessed as presenting the highest level of risk for reoffending, or those whose crimes included elements considered by the lethality assessment, would be top priorities. Given the large geographic size of Humboldt County, appropriate probationers would also be those who reside in the central part of the county. This would improve efficiency in terms of meeting contact standards, as it limits what could be several hours per week of drive time to conduct field visits. Additionally, the BIPs are located within this same central area, thereby also maximizing efficiency in maintaining relationships with the BIP providers.

Once an offender is granted probation, the Adult Field Supervisor screens their case and assigns it to an appropriate caseload. The Field Supervisor considers each of the criteria above (static risk score, lethality assessment, and residence). The Adult Field Supervisor would be responsible for selecting cases to assign to the PSUP.

Question 4 *

Describe projected statistics for the following:

- *Number of probationers during the reporting period.*
- *Number of field contacts made with victims/survivors.*
- *Number of in-person contacts made with victims/survivors.*
- *Number of telephone contacts made with victims/survivors.*
- *Number of total contacts with victims/survivors.*

During the twelve-month reporting period, it is estimated approximately 53 probationers would be supervised on the PSUP caseload. Most of the offenders would be serving a three-year grant of probation. A total of 53 probationers is calculated assuming the caseload would always operate near capacity, and that there would be a 33% turnover in cases during the grant period. The number could be higher, as cases ONAs would be reevaluated at least every six months. If an offender completed or made good progress and or completion on their BIP and their ONA indicated their criminogenic needs went down and their protective factors increased, signaling they are less likely to reoffend, they could be reassigned to a lower level of supervision prior to successfully terminating of their grant of probation. Likewise, new law violations, technical violations of probation, or violations of protective orders could result in consequences ranging from informal sanctions to revocation of probation and sentencing to state prison, causing a fluctuation in the number of people served on the caseload.

It is further expected that monthly contact would be made with each victim or that efforts to do so would be documented in the department's case management system. With the expectation that the caseload would be maintained at or near capacity, there would be a total of approximately 480 victim contacts during the reporting period. These numbers can fluctuate drastically due to knowing victims whereabouts and cooperation from victims. Efforts would be made for initial victim contacts to be face-to-face in the victim's home or place of their choosing, and subsequent contacts would take place by phone unless the victim desired continued face-to-face contacts or there was a reason to believe the victim was unsafe. As this caseload has already been established with prior grant awards and it is anticipated there would be at least a 30% turnover yearly, there would be about 13 new offenders added to the caseload in the first year. With this, it is estimated a minimum of 13 victim contacts would take place with victim's face-to-face in the field and that up to 467 contacts would be made by phone or face-to-face in the office.

Question 5 *

5. Describe the plan to enforce firearms prohibition including:

- The estimated number of Automated Firearms System (AFS) searches of project-specific probationers to identify those probationers possessing firearms.*
- The removal of any prohibited firearm(s) from probationers and subsequent violation charges.*
- Contacting probationers by telephone or by mail to ensure understanding of the firearm prohibitions.*
- The distribution of educational materials on firearm prohibitions and confiscation laws to: (at a minimum) probationers, firearm dealers, law enforcement, the courts, community-based victim advocates, and victims/survivors of domestic violence.*

Prior to sentencing, each offender would relinquish any firearms registered to them, and any firearms found during their arrest would be confiscated. To insure this, and pursuant to Section 29810 of the California Penal Code, all probationers convicted of a felony as well as those convicted of misdemeanor domestic violence, are run through the Automated Firearms System (AFS) prior to sentencing. Assuming a rate of at least 13 new offenders being assigned to the PSUP caseload each year, this would equate to a minimum of 13 searches of AFS for project specific probationers. If any firearms were registered to them other than those already confiscated by law enforcement, they would be required to relinquish said firearms. Proof of such relinquishment would need to be provided to the court. Post-sentencing, the Senior Probation Officer would review with the offender both the state and federal gun laws prohibiting ownership of firearms and would obtain a signature from the offender acknowledging understanding of said laws. Further, compliance with gun laws would be monitored via routine visual checks of the offender's residence during field contacts, as well as more in-depth searches when there is a suspicion the offender is in violation.

Given the passage of Proposition 63 in 2016, which resulted in Section 29810 of the California Penal Code, law enforcement officers and firearms dealers are well versed on the prohibition for domestic violence offenders and felons in general from possessing or having registered in their names, any firearms. Further clarification of this issue would be made to victims, BIP providers, and victim advocates during initial contacts with victims as well as during monthly BIP Provider Meetings, which are attended by the Senior Probation Officer assigned to the PSUP.

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?	1-3 grants
What is the approximate total dollar amount of all grants your organization receives?	\$250,000
Are individual staff members assigned to work on multiple grants?	No
Do you use timesheets to track the time staff spend working on specific activities/projects?	No
How often does your organization have a financial audit?	Periodically
Has your organization received any audit findings in the last three years?	No
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	Yes

Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs	
2024 STOP	2024	Federal	\$50,000	\$12,500	\$62,500	\$50,000	\$12,500	\$0	\$62,500	\$
2025 STOP	2025	Federal	\$50,000	\$12,500	\$62,500	\$50,000	\$12,500	\$0	\$62,500	
			\$100,000	\$25,000	\$125,000	\$100,000	\$25,000	\$0	\$125,000	

Budget Cost Categories

Cost Form Selection(s)

☒ **Personnel Costs**

☐ **Volunteer Costs**

☐ **Contractor/Consultant Costs**

☐ **Rent Costs**

☐ **Travel Costs**

☐ **Equipment Costs**

☐ **Financial Assistance For Client's Costs**

☐ **Second-Tier Subward Costs**

☐ **Audit Costs**

☐ **Indirect Costs**

☐ **Other Operating Costs**

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *****.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

1

Description *

Senior Probation Officer (1.0 FTE)☒ Hourly☐ Salary**Pay per Hour *****Number of
Hours/Week *****Number of Weeks *****Hours of Full-Time
Workweek ***

\$40.56

40.00

52.00

40.00

**Full-Time Equivalent in
Hours****FTE****Salary Calculation Total**

2,080

100.00%

\$84,365

Does this position provide benefits? *

☒ Yes☐ No**Benefits Percentage *****Benefits Calculation**

69.88 %

\$58,954

Benefits Description **Health 15% (\$12,520), Life Ins 0.0004% (\$41), Dental Ins 0.01% (\$506), SUI 0.01% (\$194), Retirement 53% (\$44,468), Medicare 0.02% (\$1223)***Calculation Total (Includes Benefits if provided)**

\$143,319

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 STOP	2024	Federal	\$50,000	\$12,500	\$12,500	\$62,500	\$		Not Applicable
2025 STOP	2025	Federal	\$50,000	\$12,500		\$62,500			Not Applicable
					\$100,000	\$25,000	\$0	\$25,000	\$125,000

Application Signatures Form

Assurances/Signatures

Proof of Authority/Governing Body Resolution *

This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

Upload Proof of Authority/Governing Body Resolution *

Standard Certification of Compliance *

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Program Standard Assurance Addendum *

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances *

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

California Public Records Act *

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

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

Upload California Public Records Act Exemption

Authorized Agent

Name:

Title:

Signature:

Date: