

## Application Information Form

**Program:***Child Advocacy Center - KC24***Grant Subaward Performance Period:***04/01/2025*

to

*03/31/2026***Subrecipient:***County of Santa Cruz - District Attorney's Office***Subrecipient UEI:***THHMJW2LK6F7***Subrecipient Federal Employer ID:***94-6000534***Implementing Agency:***District Attorney's Office***Payment Address***701 OCEAN ST**RM 200**SANTA CRUZ**California**Santa Cruz County**95060-4011***Primary Location of Project/Services****Address***701 Ocean St, Room 200***City:***Santa Cruz***Address 2****County:***Santa Cruz County***Zip Code:***95060-4011*

# 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:** Kelli  
**Title:** MDIC Coordinator  
**Phone:** (831) 454-2585  
**Address:** 701 Ocean Street, Room 200  
**City:** SANTA CRUZ

**Last Name:** Freitas  
**Email:** kelli.freitas@santacruzcountyca.gov  
**State:** California **Zip Code:** 95060-4011

**Financial Officer**

**Name:** Susan  
**Title:** Administrative Services Officer  
**Phone:** (831) 454-2517  
**Address:** 701 Ocean Street, Room 200  
**City:** SANTA CRUZ

**Last Name:** Baum  
**Email:** susan.baum@santacruzcountyca.gov  
**State:** California **Zip Code:** 95060-4011

**Programmatic Point of Contact:**

**Name:** Kelli  
**Title:** MDIC Coordinator  
**Phone:** (831) 454-2585  
**Address:** 701 Ocean Street, Room 200  
**City:** SANTA CRUZ

**Last Name:** Freitas  
**Email:** kelli.freitas@santacruzcountyca.gov  
**State:** California **Zip Code:** 95060-4011

**Financial Point of Contact:**

**Name:** Susan  
**Title:** Administrative Services Officer  
**Phone:** (831) 454-2517  
**Address:** 701 Ocean Street, Room 200  
**City:** SANTA CRUZ

**Last Name:** Baum  
**Email:** susan.baum@santacruzcountyca.gov  
**State:** California **Zip Code:** 95060-4011

**Chair of the Governing Body**

**Name:** Justin  
**Title:** Chairperson of the Board  
**Phone:** (831) 454-2200  
**Address:** 701 Ocean Street, Room 500  
**City:** SANTA CRUZ

**Last Name:** Cummings  
**Email:** justin.cummings@santacruzcountyca.gov  
**State:** California **Zip Code:** 95060-4011

**Grant Subaward Authorized Agent**

[X] Jeffrey Rosell

## Grant Subaward Assurances Form

## Applicable Grant Subaward Assurances

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

Assurance	Acknowledgement
<a href="#">Federal Fund Grant Subaward Assurances - 2024 VOCA.pdf</a>	*
<a href="#">Program Standard Assurance Addendum</a>	*
<a href="#">Standard Certification of Compliance</a>	*

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

## Narrative Questions/Responses

### Question 1

*Describe the Child Advocacy Center (CAC) and the elements that contribute to a dedicated child-focused setting.*

The SKY Center is located on the first floor of a business complex with a private/self-contained space. It's centrally located within the County of Santa Cruz to make it easily accessible by all. Many measures have been taken regarding the design of the facility to ensure that children and their families feel safe and welcome. The interior space includes a playroom/waiting area for non-offending family members, an interview room, observation room, and a meeting room for multi-disciplinary (MDT) team members. The waiting room includes several different toys and reading materials appealing to diverse groups and different age ranges. The interview room is decorated and furnished to appeal to children of any age or gender. The walls are painted with a forest mural, 3-D grass is adhered to the baseboards, and a large paper-mache tree is erected along one of the walls, with a seat built into the tree trunk. The room also contains recording cameras which are visible but not obtrusive. Additionally, the room has a two-way mirror in which MDT members can observe the interview live from the adjacent observation room. The advocates at the SKY Center invite every child victim to place a 3-D butterfly on a tree decal located in the hallway. This invitation allows for other children entering the facility to see a visible representation of others who have been on a similar path toward healing.

### Question 2

*Describe the direct services offered at the CAC and indicate which services are funded by this Grant Subaward.*

The SKY Center conducts child forensic interviews for all children who are suspected of being abused physically or sexually, or who have witnessed some type of abuse or violent felony. Forensic interviews are coordinated through the MDT to avoid duplication. All interviews are conducted in a manner that is developmentally and culturally sensitive, unbiased, fact-finding, and legally sound. Most of the forensic interviews completed at the SKY Center are conducted by a female District Attorney's Office Investigator who is assigned exclusively to the SKY Center. This position is funded through the grant subaward, as is the backup interviewer's time spent on interviews. Additionally, the SKY Center offers victims and their families a multi-disciplinary approach to the investigation that includes law enforcement, social workers, prosecution, medical personnel, and victim advocates. This coordination reduces further trauma to the child that would result from being exposed to various interviews and duplicative investigations that have historically occurred. Each MDT member attends the forensic interview to obtain the information necessary to fulfill their respective professional roles. This coordinated response is detailed in the signed inter-agency protocol which provides guidance regarding responsibilities of each MDT member. The supervising attorney's time spent on these cases is also funded through the grant.

Victim advocacy is a critical component of the MDT approach and is offered in all cases. The SKY Center has partnered with a local community organization, Monarch Services, to provide a component of our advocacy services. This partnership is detailed in our written MOU. Each child who is interviewed at the SKY Center is accompanied by an advocate from Monarch Services. Following the interview, the family is referred directly to their organization for wrap-around services, which is explained in more detail below. The SKY Center also has a dedicated in-house family advocate to provide consistent and on-going advocacy to the victim and their family. This advocate provides timely referrals for mental health therapy and medication evaluations for victims, assists the family with procuring concrete services like housing, counseling, and food, as well as guidance on how to access victim's rights and financial support through the Victim Compensation Board.

### Question 3

*Indicate the agencies the CAC refers child abuse victims/survivors and their families to for additional wrap-around services.*

The SKY Center has partnered with Monarch Service and Walnut Avenue Women's Center to provide victim advocacy services. This partnership is detailed in our written MOU. Each child who is interviewed at the SKY Center is accompanied by an advocate. Following the interview, the family is referred directly to their organization for wrap-around services. The advocates follow up with the family on a continual basis to ensure they are provided with up-to-date information. Monarch Services provides victims and their families with a wide range of services including, but not limited to, individual counseling sessions, support groups, group counseling, therapeutic art programs, legal services, and emergency shelter. Walnut Avenue Center is a nonprofit dedicated to improving the quality of life for women, children, and families in Santa Cruz. Their service programs include programming for children and youth through preventative education, life skills/healthy relationships workshops, individual mentoring, support groups, parenting classes, and housing/employment/food programs. Santa Cruz County Victim/Witness Program also provides wrap-around services for our families. These advocates assist in completing applications for the California Victim Compensation Program and for court preparation. The SKY Center also refers clients to Santa Cruz Children's Behavioral Health Services. This organization serves Medi-Cal eligible youth who have moderate to severe behavioral health needs. They provide services that include assessment, treatment planning, individual, family and group therapy, psychoeducation, and psychiatry services.

### Question 4

*Describe the composition of the CAC's multidisciplinary team. Identify members and provide their credentials to support the delivery of trauma-focused, evidence-supported services to child abuse victims/survivors and their families.*

The permanent members of the MDT include the Santa Cruz County District Attorney's Office, Santa Cruz County Health Services Department, Santa Cruz County Human Services Department, Monarch Services, Walnut Avenue Women's Center, and the six local law enforcement agencies. The DA's Office provides one full-time forensic interviewer/MDT Coordinator and several backup interviewers. All interviewers have minimally completed the California Forensic Interview Training and participate in ongoing training/peer review. Additionally, DA's Office personnel on the MDT include prosecutors, victim advocates, and investigators. All DA's Office employees on the MDT have participated in various forms of training to include trauma-focused care, dynamics of child abuse, sexual assault, diversity, and understand the MDT model. The Health Services Department provides Children's Behavior Health Clinicians. This organization assists the MDT in providing assessment, individual and group therapy, and family support. As mental health clinicians they have received an extensive amount of education/training regarding trauma-focused care, risk/crisis assessment, safety planning, and diversity. The Human Services Department provides social workers from Family and Children's Services. All social workers receive specialized training in trauma services, dynamics of abuse, diversity, risk/crisis assessment and safety planning. Monarch Services and occasionally Walnut Avenue Women's Center, provides advocacy services at the SKY Center. Following the interview, the advocates continue with services for victims and their families off-site. All advocates receive specialized training in trauma-informed care, crisis intervention, sexual assault, abuse dynamics, multi-disciplinary team response, diversity, and victim's rights. The six law enforcement agencies contribute detectives toward the MDT. Although training varies amongst departments, all sworn officers have completed training surrounding child abuse, sexual assault, trauma-informed care, diversity, and the multi-disciplinary response.

### Question 5

*Describe the required cultural competency and diversity training implemented to meet the needs of the community served by the CAC.*

In August of 2020 the Santa Cruz County Board of Supervisors declared racism a public health crisis. In response to this, every MDT member has received some form of diversity training although it differs amongst the agencies. Every employee from the county departments, which includes the full-time SKY Center staff member, is required to complete Implicit Bias Training. This training includes "The Biased Brain," "Consequences of Implicit Bias," and "CARE about Implicit Bias." Every law enforcement MDT partner, which also includes the full-time SKY Center employee, has completed additional and ongoing training in relation to diversity. This training is required by the Commission on Peace Officer Standards and Training and consists of Racial & Cultural Diversity training every five years and Sexual Orientation & Gender Minority Groups training. Our two non-profit MDT partners require extensive diversity training for all their advocates. These trainings include but are not limited to the following: Cultural Responsiveness in Serving Victims, Victim Advocacy for Endangered Children, and Trauma in Tribal Communities.

### Question 6

*Describe the written protocols for case review and case tracking procedures. Identify the case tracking system utilized to gather information on essential demographics and case information.*

The SKY Center has a written protocol that addresses case review, which has been signed off by the entire MDT. In the protocol it states that the MDT agrees to share relevant case information across agencies throughout the investigation. The protocol states that each signatory agency will commit to participating in regular MDT meetings and case review. The procedure outlined in the protocol explains that the MDT will meet bi-monthly. These meetings include announcements and updates, discussion of any business related to the operation of the MDIC, and case review. Victim advocates from community-based organizations are assured client privilege of confidentiality and will participate in information exchange accordingly. Additionally, the protocol addresses the need to keep confidential information protected. SKY Center staff facilitates the case review process and maintains an updated list of cases for review. Following the interview, every open case remains on the case review list until the case is adjudicated or otherwise closed. A representative from each agency is expected to attend the case review meetings. The protocol specifies what the case review discussion will include. The MDT Coordinator ensures that recommendations made, or concerns identified during case review are communicated to the appropriate parties. The SKY Center staff utilize Microsoft excel to track cases. Additionally, we have a video recording system, Intelligent Video Solutions, that we use for case tracking. Both these systems track essential demographics and case information.

**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 have not been able to obtain a volunteer to work at the SKY Center as our space doesn't allow for an additional person.

**Required Document #1**

Current California Child Advocacy Center Certificate of Membership

**Document #1 Template**

2023 CACC Membership\_Santa Cruz County.pdf

**Required Document #2**

Proof of Authority

**Document #2 Template**

## 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?	3-10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$1,830,216
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	Yes
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	No
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Always
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

## Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
<i>Santa Cruz County District Attorney's Office</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Santa Cruz County Sheriff's Office</i>	<i>07/28/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Capitola Police Department</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Santa Cruz Police Department</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Scotts Valley Police Department</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>UCSC Police Department</i>	<i>07/11/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Watsonville Police Department</i>	<i>07/22/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Santa Cruz County Probation Department</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Santa Cruz County Human Services Department</i>	<i>07/06/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Santa Cruz County Health Services Department</i>	<i>07/21/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Walnut Avenue Family &amp; Women's Center</i>	<i>07/21/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>
<i>Monarch Services</i>	<i>07/08/2022</i>	<i>08/01/2022</i>	<i>12/31/2025</i>

Funding Source Allocation

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 VCGF	2024	State	\$89,400	\$0	\$89,400	\$89,400	\$0	\$0	\$89,400
2024 VOCA	2024	Federal	\$110,600	\$0	\$110,600	\$110,600	\$0	\$0	\$110,600
			\$200,000	\$0	\$200,000	\$200,000	\$0	\$0	\$200,000



# 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
- ☒ Match Waiver

*KC25 Match Waiver Approval.pdf*

## 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 \*

MDIC Coordinator- DA Inspector II  
Description \*

DA Inspector II is responsible for multi-disciplinary team coordination and Children's Advocacy Center development. DA Inspector II tracks case progress, participates and facilitates case interviews. DA Inspector II also develops protocols and guidelines for the Multi-Disciplinary Interview Center. In addition, DA Inspector II performs outreach educating local community of child abuse crimes.

☒ Hourly

Pay per Hour \*

Number of Hours/Week \*

Salary

Number of Weeks \*

Hours of Full-Time Workweek \*

\$78.48

15.20

Full-Time Equivalent in Hours

FTE

52.00

Salary Calculation Total

40.00

2,080

38.00%

\$62,031

Does this position provide benefits? \*

Benefits Calculation

☒ Yes

No

Benefits Percentage \*

37.89 %

\$23,503

Benefits Description \*

Benefits include Social Security Contribution, PERS Retirement and Health Insurance.

Calculation Total (Includes Benefits if provided)

\$85,534

## 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 VCGF	2024	State	\$26,457	\$	\$0	\$26,457	\$		
2024 VOCA	2024	Federal	\$59,077	\$	\$0	\$59,077	\$		Not Applicable
				\$85,534		\$0	\$0	\$0	\$85,534

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 \*

Victim Witness Representative  
Description \*

The victim advocate provides emotional support to the victim and their family. They help orient the victim and parent/guardians to the interview center, interview process, and the support services available through the community. The advocate also provides assistance with application to the California Victim Compensation Board program. The victim advocate also acts as a liaison between the law enforcement agency and the family by providing case updates and filing information.

[X]Hourly

Pay per Hour \*

40.00

Number of Hours/Week \*

2,080

Full-Time Equivalent in Hours

61.45 %

Benefits Percentage \*

61.45 %

Benefits Description \*

Does this position provide benefits? \*

100.00%

FTE

\$69,576

Salary Calculation Total

\$112,330

Calculation Total (Includes Benefits if provided)

40.00

Hours of Full-Time Workweek \*

52.00

Number of Weeks \*

\$42,754

Benefits Calculation

No

Yes

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 VCGF	2024	State	\$62,938	\$0	\$0	\$62,938			
2024 VOCA	2024	Federal	\$49,392	\$	\$0	\$49,392			Not Applicable
				\$112,330		\$0	\$0	\$0	\$112,330

# Indirect Budget Category Form

## Indirect Costs

**Budget/Project Line-Item**

Indirect Cost

**Indirect Cost Rate**

15% De Minimis

**Description/Justification**

Due to limit fund, Santa Cruz County only charges the program \$2,136 as indirect cost.

**Calculation Method**

Indirect Cost (MTDC: Personal Services \$197,864 x 15% de minimis= \$29,680. Only charges the grant \$2,136

**Calculation Total**

\$2,136

## 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	
2024 VCGF	2024	State	\$5	\$	\$	\$0	\$5	\$	
2024 VOCA	2024	Federal	\$2,131	\$	\$	\$0	\$2,131	\$	
			\$2,136	\$0	\$0	\$0	\$2,136		

# 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.

### Fund Assurances \*

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

### California Public Records Act \*

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

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

### Upload California Public Records Act Exemption

### Authorized Agent

Name:

Signature:

Title:

Date:



# CERTIFICATE

## OF MEMBERSHIP

*proudly presented to*

SKY Center

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*certifying active membership with the  
Children's Advocacy Centers of California  
for the year 2023*



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ERIN HARPER  
Executive Director



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HOLLY FLEMING  
Program Director



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

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

1. VOCA Fund Source #1:  
VOCA Victim Assistance Formula Grant Program Funds Awarded:  
Amount of Match Proposed:
2. VOCA Fund Source #2 (if applicable):  
VOCA Victim Assistance Formula Grant Program Funds Awarded:  
Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable):  
VOCA Victim Assistance Formula Grant Program Funds Awarded:  
Amount of Match Proposed:
4. Briefly summarize the services provided:
5. Describe practical/logistical obstacles and/or local resource constraints to providing match:

Approved

Denied

Unit Chief Name

  
Unit Chief Signature

Date