Reference ID Number (The number assigned to your Application):	**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):	**Webb County District Attorney's Office**
Grant Application Cycle	**FY 2026 - 2027**
Funding Source (Name of Grant):	**Victim Coordinator and Liaison Grant (VCLG)**

PERSONNEL & FRINGE

All grant-funded positions must be on the grant a minimum of three (3) hours each

Hours must be entered in quarterly increments (.25,.5,.75, 1)

All Applicants are required to have at least 20 hours of Direct Victim Services

	Title of Position	Scheduled to work	Scheduled on this grant	Direct Services on this grant	Admin. on this grant	Outreach on this grant	Training on this grant	Annual Salary	Total Salary Requested on this grant	% Salary Funded by this grant	% of Salary Requested for Fringe (Based on Annual Salary)	Total Fringe Requested on this grant
		HOURS PER WEEK						**SALARY**			**Fringe**	
1	Victims Assistance Coordinator	40	40	20	20			$ 40,885.00	$ 40,885.00	100.00%	21.07%	$ 8,615.00
2			0					$ -	$ -	0.00%		$ -
3			0					$ -	$ -	0.00%		$ -
4			0					$ -	$ -	0.00%		$ -
5			0					$ -	$ -	0.00%		$ -
6			0					$ -	$ -	0.00%		$ -
7			0					$ -	$ -	0.00%		$ -
8			0					$ -	$ -	0.00%		$ -
9			0					$ -	$ -	0.00%		$ -
10			0					$ -	$ -	0.00%		$ -
11			0					$ -	$ -	0.00%		$ -
12			0					$ -	$ -	0.00%		$ -
13			0					$ -	$ -	0.00%		$ -
14			0					$ -	$ -	0.00%		$ -
15			0					$ -	$ -	0.00%		$ -
16			0					$ -	$ -	0.00%		$ -
17			0					$ -	$ -	0.00%		$ -
18			0					$ -	$ -	0.00%		$ -
19			0					$ -	$ -	0.00%		$ -
20			0					$ -	$ -	0.00%		$ -
									$ 40,885	**1**	**←Total FTE's**	**$ 8,615**

PERSONNEL POSITION NARRATIVE(S)

Provide a summary justification for each position listed which details how the position will be used to support the project's goal. Ensure the narrative for each position reflects the hours requested for the position. **At the end of each narrative, advise if the position is filled or vacant.**

1	Victims Assistance Coordinator	The Victim Assistance Coordinator (VAC) will provide counseling and support during the time the victim needs to remember and relived the incident in order to provide a victim impact statement. The VAC assist victim though out the trial process and once defendant is convicted; the Coordinator will guide the victim and families to registering with the Texas Victim Information Notification Everyday (VINE) and parole Notification through the Texas Department of Criminal Justice System. The VAC will follow up with the victim by providing aftercare that in many cases is needed. The VAC will also provide continue services to victim by working with other law enforcements agencies. Overall, the VAC will coordinates
2		
3		
4		
5		
6		

Reference ID Number (The number assigned to your Application):		**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):		**Webb County District Attorney's Office**
Grant Application Cycle		**FY 2026 - 2027**
Funding Source (Name of Grant):		**Victim Coordinator and Liaison Grant (VCLG)**
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Reference ID Number (The number assigned to your Application):	**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):	**Webb County District Attorney's Office**
Grant Application Cycle	**FY 2026 - 2027**
Funding Source (Name of Grant):	**Victim Coordinator and Liaison Grant (VCLG)**

<u>REQUESTS FOR EXCEPTIONS</u>: If an Applicant is requesting an exception for any of the Personnel Requirements, the below questions must be answered for each exception requested.

REQUEST FOR EXCEPTION TO VCLG REQUIREMENT: 70% Personnel and Fringe

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

N/A

PROFESSIONAL & CONSULTANT SERVICES

	Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	No. of Days of Consultation	Daily Rate of Compensation	Cost
1				$ -	$ -
2				$ -	$ -
3				$ -	$ -
4				$ -	$ -
5				$ -	$ -
6				$ -	$ -
					$ -

PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a summary justification for Professional & Consultant Services which details how the Services will be used to support the project's goal.

1		N/A
2		
3		
4		
5		
6		

Reference ID Number (The number assigned to your Application):	**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):	**Webb County District Attorney's Office**
Grant Application Cycle	**FY 2026 - 2027**
Funding Source (Name of Grant):	**Victim Coordinator and Liaison Grant (VCLG)**

TRAVEL

Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type	List if In-State or Out-of-State Travel	Expense Type	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Conference						
OAG Conference	The DA's office will cover travel expenses for OAG training.	In-State	Airfare/Mileage	$ -	0%	$ -
			Hotel	$ -	0%	$ -
			Per diem	$ -	0%	$ -
			Car Rental/Shuttle	$ -	0%	$ -
			Parking	$ -	0%	$ -
			Misc./Hotel Tax	$ -	0%	$ -
			TOTAL			$ -
Additional Training						
			Airfare/Mileage	$ -	0%	$ -
			Hotel	$ -	0%	$ -
			Per diem	$ -	0%	$ -
			Car Rental/Shuttle	$ -	0%	$ -
			Parking	$ -	0%	$ -
			Misc./Hotel Tax	$ -	0%	$ -
			TOTAL			$ -
Additional Training						
			Airfare/Mileage	$ -	0%	$ -
			Hotel	$ -	0%	$ -
			Per diem	$ -	0%	$ -
			Car Rental/Shuttle	$ -	0%	$ -
			Parking	$ -	0%	$ -
			Misc./Hotel Tax	$ -	0%	$ -
			TOTAL			$ -
Additional Training						
			Airfare/Mileage	$ -	0%	$ -
			Hotel	$ -	0%	$ -
			Per diem	$ -	0%	$ -
			Car Rental/Shuttle	$ -	0%	$ -
			Parking	$ -	0%	$ -
			Misc./Hotel Tax	$ -	0%	$ -
			TOTAL			$ -
Additional Training						
			Airfare/Mileage	$ -	0%	$ -
			Hotel	$ -	0%	$ -
			Per diem	$ -	0%	$ -
			Car Rental/Shuttle	$ -	0%	$ -
			Parking	$ -	0%	$ -
			Misc./Hotel Tax	$ -	0%	$ -
			TOTAL			$ -

Local Travel

Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant
Local Travel (Mileage Only)		Mileage		$ -	$ -
					$ -

TRAVEL NARRATIVE

OAG Sponsored Training Justification

Provide a justification, which relates to the project's goal.

The Victim Assistance Coordinator will travel to conferences and training that support the goal of the grant. The Webb County District Attorney's Office will cover expenses incurred by these trips. One of the trainings the VAC will attend will be the TDCAA Domestic Violence Seminar and Texas Victim Assistance Training Academy and any other training required by the Attorney Generals' Office. The coordinator will attend conferences to increase the understanding of effective assistance regarding compensation; and to ensure that victims of crime receive referrals to all assistance available to them.

Reference ID Number (The number assigned to your Application):	**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):	**Webb County District Attorney's Office**
Grant Application Cycle	**FY 2026 - 2027**
Funding Source (Name of Grant):	**Victim Coordinator and Liaison Grant (VCLG)**

In-State Travel Justification

Provide a justification, which relates to the project's goal, for each In-State travel request.

N/A

Out-of-State Travel Justification

Provide a justification, which relates to the project's goal for each Out-of-State travel request.

N/A

Local Travel Justification

Provide a justification, which relates to the project's goal.

EQUIPMENT

	Item	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
1		$ -	0%	$ -
2		$ -	0%	$ -
3		$ -	0%	$ -
				$ -

EQUIPMENT NARRATIVE

Provide a summary justification for Equipment which relates to the project's goal. This should include the grant funded position(s) which will be using the equipment and why the equipment is needed.

1		The Webb County District Attorney's Office will facilitate all necessary equipment to the Victim Assistance Coordinator to conduct daily operations for fiscal years 2026-2027.
2		
3		

SUPPLIES

	Item	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
1		$ -	0%	$ -
2		$ -	0%	$ -
3		$ -	0%	$ -

Reference ID Number (The number assigned to your Application):		**2026-3160561977**		
Legal Name of Applicant (Agency's Legal Name):		**Webb County District Attorney's Office**		
Grant Application Cycle		**FY 2026 - 2027**		
Funding Source (Name of Grant):		**Victim Coordinator and Liaison Grant (VCLG)**		
4		$ -	0%	$ -

Reference ID Number (The number assigned to your Application):	**2026-3160561977**
Legal Name of Applicant (Agency's Legal Name):	**Webb County District Attorney's Office**
Grant Application Cycle	**FY 2026 - 2027**
Funding Source (Name of Grant):	**Victim Coordinator and Liaison Grant (VCLG)**

5		$ -	0%	$ -
6		$ -	0%	$ -
7		$ -	0%	$ -
8		$ -	0%	$ -
9		$ -	0%	$ -
10		$ -	0%	$ -
				$ -

SUPPLIES NARRATIVE

Provide a summary justification for Supplies which relates to the project's goal. This should include what the Supplies will be used for and which grant funded position(s) will be using the Supplies.

1		The Webb County District Attorney's Office will facilitate all necessary supply expenses to the Victim Assistance Coordinator to conduct daily operations for fiscal years 2026-2027.
2		
3		
4		
5		
6		
7		
8		
9		
10		

OTHER DIRECT OPERATING EXPENSES (ODOE)

	Item	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
1	OAG Conference Registration	$ -	0%	$ -
2		$ -	0%	$ -
3		$ -	0%	$ -
4		$ -	0%	$ -
5		$ -	0%	$ -
6		$ -	0%	$ -
7		$ -	0%	$ -

Reference ID Number (The number assigned to your Application):		**2026-3160561977**		
Legal Name of Applicant (Agency's Legal Name):		**Webb County District Attorney's Office**		
Grant Application Cycle		**FY 2026 - 2027**		
Funding Source (Name of Grant):		**Victim Coordinator and Liaison Grant (VCLG)**		
8		$ -	0%	$ -
9		$ -	0%	$ -
10		$ -	0%	$ -
				$ -

OTHER DIRECT OPERATING EXPENSES NARRATIVE		
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.		
1	OAG Conference Registration	The Webb County District Attorney's Office will facilitate all necessary direct operating expenses to the Victim Assistance Coordinator to conduct daily operations for fiscal years 2026-2027.
2		
3		
4		
5		
6		
7		
8		
9		
10		

Budget Total for the Grant	**$ 49,500**	**% of Personnel and Fringe Requested**	**100%**