

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Vera Institute of Justice, Prosecution and Racial Justice Program Technical Assistance**

2. Department: **District Attorney**

3. Contact Person: **Maria McKee** Telephone: **415-553-1189**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$408,654**

6a. Matching Funds Required: **N/A**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Vera Institute of Justice**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary:

This in-kind services grant is for technical support, research and data analysis. This includes performing quantitative and qualitative research that builds on and supplements existing data reports and analyses conducted by the state, other jurisdictions, and/or organizations.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **January 1, 2014**

End-Date: **June 30, 2015**

10a. Amount budgeted for contractual services: **N/A**

b. Will contractual services be put out to bid? **N/A**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

The budget for the in-kind grant is provided to reflect the service being provided by Vera and any indirect costs are born by the provider and no actual or indirect costs will be incurred by the District Attorney's Office.

12. Any other significant grant requirements or comments: None

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

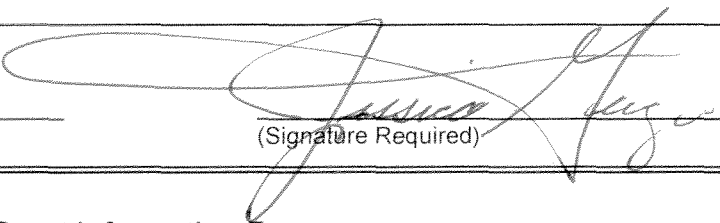
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jessica Geiger
(Name)

Fiscal Division Analyst
(Title)

Date Reviewed: 7/14/14



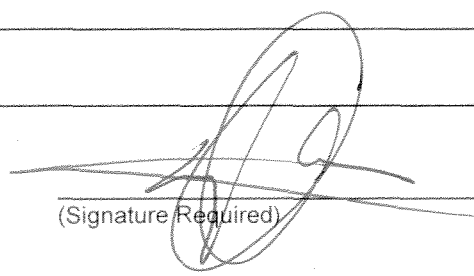
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Eugene Clendinen
(Name)

Chief Administrative & Financial Officer
(Title)

Date Reviewed: 7/15/14



(Signature Required)