

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

Grant Information Form
(Effective March 2005)

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: **Keys to Freedom**

2. Departments: **Sheriff's Department**

3. Contact Person: **Leslie Levitas** Telephone: **(415) 554-7283**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **Approved - \$599,894**

6a. Matching Funds Required: **\$ 0**

b. Source(s) of matching funds (if applicable): **n/a**

7a. Grant Source Agency: **U.S. Dept. of Justice,
Office of Justice Programs**

b. Grant Pass-Through Agency (if applicable): **n/a**

8. Proposed Grant Project Summary:

Keys to Freedom will target women and transgenders incarcerated in San Francisco. Both in-reach while in custody and post-release community-based services will address co-occurring disorders and reentry needs. The program will utilize evidence-based cognitive-behavioral therapy approaches, including Seeking Safety and other skills-based curricula, that address symptom management and criminal thinking. The community-based milieu provides the opportunity to offer more intensive services to higher risk offenders post-release, and Motivational Interviewing and contingency management strategies will encourage program participation and retention. The Sheriff's Department will collaborate with healthRIGHT360 and other community based agencies to serve clients. The overarching goal is to promote public safety by reducing recidivism to increase clients' chances of being self-supporting and living independently in the community following incarceration.

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

Start-Date: **10/01/2012**

End-Date: **9/30/2014**

10. Number of new positions created and funded: **0**

11. If new positions are created, explain the disposition of employees once the grant ends?
n/a

12a. Amount budgeted for contractual services: **\$464,452**

b. Will contractual services be put out to bid? **No; added to existing contracts.**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **Services provided by non-profit organizations.**

d. Is this likely to be a one-time or ongoing request for contracting out?
For duration of grant.

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much?

b2. How was the amount calculated?

c. 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?
n/a

14. Any other significant grant requirements or comments:

The grant requires data collection and periodic financial invoices. All grant recipients are subject to site visits and audits as needed.

****Disability Access Checklist****

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____
(Name)

Date Reviewed: _____
(Signature)

Department Approval: **Ross Mirkarimi** **Sheriff**
(Name) (Title)

(Signature)