

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: **Justice and Mental Health collaboration Grant Program (JMHCP)**

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

3. Contact Person: **Jane Mason** Telephone: **(415) 554-7270**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$300,000**

6a. Matching Funds Required: **Yes (20% match)**

b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Bureau of Justice Assistance (BJA)**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The JMHCP grant program will be used to support collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. The grant program is a collaborative project between criminal justice and mental health partners to plan, implement, or expand a justice and mental health collaboration program, while continuing to protect public safety.

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

Start-Date: **10/1/2017**

End-Date: **9/30/2019**

10. Number of new positions created and funded: **None**

11. If new positions are created, explain the disposition of employees once the grant ends? **N/A**

12a. Amount budgeted for contractual services: **\$300,000**

b. Will contractual services be put out to bid? **Yes**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **N/A**

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

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

b1. If yes, how much? **10% federal "de minimis" rate**

b2. How was the amount calculated? **10% of proposed contractual services**

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:

Terms and conditions provided in the attached agreement

****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: Sgt. Lorenzo Durkan
(Name)

Date Reviewed: 11-16-17

Department Approval: Vicki Hennessey Sheriff 16 Nov. 2017
(Name) (Title)
Vicki J. Hennessey
(Signature)