	umber: vided by Clerk of Board of Supervisors)		
	Grant Resolution Information Form (Effective July 2011)		
	se: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and digrant funds.		
The fo	llowing describes the grant referred to in the accompanying resolution:		
1.	Grant Title: Byrne State Crisis Intervention Program		
2.	Department: Office of the District Attorney		
3.	Contact Person: Lorna Garrido Telephone: (628) 652-4035		
4.	Grant Approval Status (check one):		
	[X] Approved by funding agency		
5.	Amount of Grant Funding Approved or Applied for: \$167,021		
6.	 a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable): n/a 		
7. a. Grant Source Agency: Judicial Council of California (Judicial Council) The JCC is partnering with the Board of State and Community Corrections (BSCC) to administer this US Department of Justice Byrne State Crisis Intervention Program (Byrne SCIP) funding b. Grant Pass-Through Agency (if applicable): Superior Court of California, County of San			
Francisco (Court) 8. Proposed Grant Project Summary: To carry out the activities and services to support the Byrne State Criss Intervention Program (SCIP). The SCIP funds collaborative justice model mental health diversion courts and veteran treatment courts and expansion of program eligibility criteria to include participants with firearm violations and other previously excluded charges among the proposed target population for services.			
9.	Grant Project Schedule, as allowed in approval documents, or as proposed: Start-Date: September 1, 2024 End-Date: August 31, 2026		
10.	 a. Amount budgeted for contractual services: \$0 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 		
11.	 a. Does the budget include indirect costs? [X] Yes [] No b. 1. If yes, how much? \$15,184 		
\$15,18	 b. 2. How was the amount calculated? 10% of \$151,837 modified total direct costs = 4 c. 1. If no, why are indirect costs not included? n/a 		
[] Not allowed by granting agency [] To maximize use of grant funds on direct services			

[] Other (please explain): c. 2. If no indirect costs are included, what would have been the indirect costs? n/a 12. Any other significant grant requirements or comments: Memorandum of Understanding (M2405) between the Superior Court of California, County of San Francisco and the City and County of San Francisco, Office of District Attorney is in place to support the Bryne State Crisis Intervention Program. The Judicial Council's Intra-Branch Agreement (108162) with the Court awarded grant funds to the Court for program activities detailed in response to a Request for Proposals issued in May 2024.				
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	t (check all that apply):			
	Structure(s) ated Structure(s) ew Structure(s)	[X] Existing Program(s) or Service(s) [] New Program(s) or Service(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)				
Facilities Manager				
(Title) 05/21/2025		ionira asias.		
Date Reviewed:		jessica geiger (Signature Required)		
		(Signature Required)		
Department Head or Designee Approval of Grant Information Form:				
Eugene Clendinen (Name)				
Chief, Administration and Finance				
(Title)				
05/21/2025 Date Reviewed:		Tigens Clendinsn		
Data Noviona.		(Signature Required)		