

File Number: 150334
(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: Edward Byrne Memorial Justice Assistance Grant (JAG) Program, Fiscal Year 2014, Project Cycle: 3/1/15-12/31/17
2. Department: Department of Children, Youth and Their Families
3. Contact Person: Leo Chyi Telephone: 415-554-8959
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$1,045,625
6. a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable): n/a
7. a. Grant Source Agency: Department of Justice, Bureau of Justice Assistance (BJA)
b. Grant Pass-Through Agency (if applicable): State of California, Board of State and Community Corrections (BSCC)
8. Proposed Grant Project Summary: San Francisco Justice Assistance Grant 2014 Three Year Prevention and Intervention Strategy is a multidisciplinary partnership with San Francisco Police Department, Office of the District Attorney, Adult Probation Department, Juvenile Probation Department, Sheriff's Department, Office of the Public Defender, Superior Court of San Francisco, and Department of Children, Youth and Their Families that includes two pilot programs aimed at reducing recidivism for disconnected Transitional Age Youth (TAY) and providing a framework for preventing the school-to-prison pipeline.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: March 1, 2015 End-Date: December 31, 2015
10. a. Amount budgeted for contractual services: \$92,281: \$52,181 for evaluation and \$40,000 for case management services.
b. Will contractual services be put out to bid? Yes for evaluation, TBD for case management.
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes, an independent evaluator will be selected from DCYF's competitive RFQ process in April 2015.
d. Is this likely to be a one-time or ongoing request for contracting out? Ongoing to fulfill evaluation requirements through duration of the project
11. a. Does the budget include indirect costs?
 Yes No

- b. 1. If yes, how much? \$ n/a
- b. 2. How was the amount calculated? n/a

- c. 1. If no, why are indirect costs not included?
[X] 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? The indirect costs would include average departmental overhead costs.

12. Any other significant grant requirements or comments: None.

****Disability Access Checklist****

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" 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) | |

16. 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 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 ADA Coordinator or Mayor's Office of Disability Reviewer:

LEO CHYI

(Name)

DIRECTOR OF BUDGET, OPERATIONS AND GRANT SUPPORT (CFO)

(Title)

Date Reviewed: 3/16/15


(Signature Required)

Overall Department Head or Designee Approval:


Maria Si

(Name)

Dept. Head

(Title)

Date Reviewed: 3/16/15


(Signature Required)