

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

Grant Ordinance Information Form
(Effective May 2011)

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

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

1. Grant Title: **Alcohol and Drug Impaired Driver Vertical Prosecution Program**

2. Department: **Office of the District Attorney**

3. Contact Person: **Stacey Hoang** Telephone: **415-553-1861**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$287,624**

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

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

7a. Grant Source Agency: **State of California Office of Traffic Safety**

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

8. Proposed Grant Project Summary: **To screen, investigate, prosecute, train, and raise awareness about operating a motor vehicle while under the influence of drugs and alcohol.**

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

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

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

10. Number of new positions created and funded: **2**

11. Explain the disposition of employees once the grant ends? **The positions will be coded G for grant funded positions.**

12a. 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**

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

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

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

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? **If calculated at 10% of salaries, the indirect cost for this program would have been \$28,454.**

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

15. 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) | |

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:

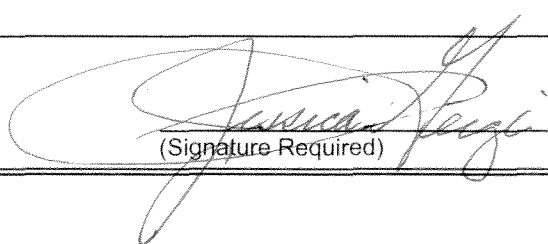
Comments:

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

Jessica Geiger
(Name)

Fiscal Division Analyst
(Title)

Date Reviewed: 9/22/14

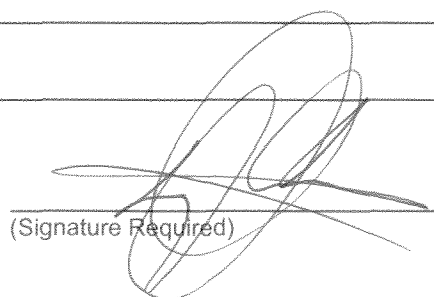

(Signature Required)

Overall Department Head or Designee Approval:

Eugene Clendinen
(Name)

Chief Administrative & Financial Officer
(Title)

Date Reviewed: 9/22/14


(Signature Required)