

File No. 110867

Committee Item No. _____
Board Item No. 52

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date: July 26, 2011

Cmte Board

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

Completed by: Annette Lonich

Date: July 21, 2011

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An Ordinance, Resolution, Motion, or Charter Amendment
- 2. Request for next printed agenda Without Reference to Committee
- 3. Request for Committee Hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call matter from Committee (File Number: _____)
- 7. Budget Analyst request (attach written Motion)
- 8. Substitute Legislation (File Number: _____)
- 9. Request for Closed Session
- 10. Board to Sit as a Committee of the Whole
- 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Ethics Commission
- Building Inspection Commission
- Youth Commission
- Planning Commission

Note: For the Imperative Agenda (a Resolution not on the printed agenda), use a different form.

Sponsor(s): Supervisor Cohen

Subject: Resolution authorizing the District Attorney to retroactively contract for, accept and expend up to \$85,658.4 from the Victims Compensation and Government Claims Board for a project entitled the Criminal Restitution Compact.

The text is listed below or attached:

Attached.

Signature of Sponsoring Supervisor: _____

Malcolm Cohen

For Clerk's Use Only:

1 [Accept - Expend Grant - Criminal Restitution Compact - \$85,658.40]
2

3 **Resolution authorizing the Department of the District Attorney to retroactively contract**
4 **for, accept and expend up to \$85,658.40 allocated from the California Victim**
5 **Compensation and Government Claims Board for a project entitled the Criminal**
6 **Restitution Compact for the period of July 1, 2011 through June 30, 2012.**
7

8 WHEREAS, The City and County of San Francisco desires to enter into an agreement
9 with the California Victim Compensation and Government Claims Board in accordance with
10 Government Section 13835 for the purpose of ensuring that restitution fines and orders are
11 properly administered; and

12 WHEREAS, Funds received hereunder shall not be used to supplant local funds that
13 would, in the absence of California Victim Compensation and Government Claims Board
14 Programs, be made available to support the assistance of victims and witnesses of crime;
15 and,

16 WHEREAS, All positions supported by these funds shall be coded "G" in the District
17 Attorney's budget; and

18 WHEREAS, The grant budget includes provision for indirect costs of \$2,895.40; and

19 WHEREAS, The grant does not require an ASO amendment; now, therefore, be it

20 **RESOLVED, That the District Attorney of the City and County of San Francisco is**
21 **authorized on behalf of the City and County of San Francisco to contract for, accept and**
22 **expend funds from the California Victim Compensation and Government Claims Board to**
23 **continue the Criminal Restitution Compact, including any extensions, augmentations or**
24 **amendments thereof.**
25

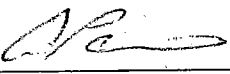
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

RECOMMENDED:
Office of the District Attorney



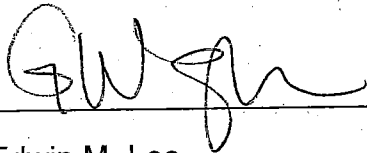
George Gascón

APPROVED:
Office of the Controller

By: 

For Ben Rosenfield

APPROVED:
Office of the Mayor

By: 

For Edwin M. Lee

File Number: 110867
(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: Criminal Restitution Compact

2. Department: District Attorney

3. Contact Person: Sheila Arcelona Telephone: 415-734-3018

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$85,658.40

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: California Victim Compensation and Government Claims Board

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

8. Proposed Grant Project Summary:

To ensure that restitution orders and fines are properly administered and paid to victims in criminal cases.

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

Start-Date: July 1, 2011

End-Date: June 30, 2012

10a. 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 MBE/WBE requirements? n/a

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

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$ 2,895.40

b2. How was the amount calculated? Maximum allowable is 10% of personnel costs; budget could not accommodate full 10%.

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?

12. Any other significant grant requirements or comments:

****Disability Access Checklist****

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

- | | | |
|--|---|--|
| <input 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 type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. 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: Martha Knutzen
(Name)

Date Reviewed: 7-12-11

Department Approval: Sheila Arcelona, Finance Division Manager
(Name) (Title)

(Signature) 

BUDGET WORKSHEET
 FY 2009/10
 (Standard Agreement)

Exhibit B-1
 County of
 Agreement Number VCGCXXXX

County and Agency: SAN FRANCISCO COUNTY DISTRICT ATTORNEY

Personnel Expenses	2011-2012 BUDGET	Salary / Hourly Rate Range	Timebase
SALARIES AND WAGES			
Name: Restitution Analyst	\$57,394.00	\$2,199 x 26.1 pay periods	1.0 FTE
Name:			
Name:			
Name:			
Name:			
FRINGE BENEFITS		PERCENTAGE OF SALARY / DESCRIPTION	
Name: Restitution Analyst	\$25,369.00	44.2% of salary	
Name:			
Name:			
Name:			
Name:			
TOTAL PERSONNEL EXPENSES	\$82,763.00		
Operating and Overhead Expenses		DESCRIPTION OF EXPENSES	
Rent			
Utilities			
Postage			
Data Processing (SPECIFY)			
*Office Supplies			
Telephone			
Training			
Travel (Reimbursed @ current DPA rates)			
**Equipment			
Mileage			
Indirect Costs (≤ 10% salary/fringe)	\$2,895.40	3.5% of total personnel costs	
TOTAL OPERATING EXPENSES	\$2,895.40		
TOTAL BUDGET	\$85,658.40		

* A request for Office Supplies in excess of \$500 per PY requires a justification for the entire amount of expenditures.

**Although equipment is included in the budget, ALL equipment for which the county requests reimbursement from the Board must be requested in writing by the county and approved in writing by the Board prior to purchase. All requests must be submitted on the *Equipment Authorization/Justification* form. Note: The Board reserves the option of not reimbursing for equipment that is not requested and approved in writing prior to purchase.

*, **, and *** In detail, please specify what expenses are included for each of these line items.

AGREEMENT NUMBER

VCGC1078

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

CONTRACTOR'S NAME

COUNTY OF SAN FRANCISCO, DISTRICT ATTORNEY'S OFFICE

2. The term of this Agreement is: **JULY 1, 2011** through **JUNE 30, 2012**

3. The maximum amount of this Agreement is: **\$85,658.40**
Eighty five thousand, six hundred fifty eight dollars, and forty cents.

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	3 Pages
Exhibit B – Budget Detail and Payment Provisions	2 Pages
Exhibit B-1 – Budget Page	3 Page
Exhibit C* – General Terms and Conditions (GTC 610)	1 Page
Exhibit D – Special Terms and Conditions	7 Pages
Attachment I – VCGCB Information Security Policy 06-00-003	5 Pages
Attachment II – Confidentiality Statement	1 Page
Attachment III – Invoicing Instructions and Invoice Worksheet	3 Pages
Attachment IV - Approved Travel Reimbursement Rates	4 Pages
Attachment V - Equipment Purchase Authorization Form	1 Page
Attachment VI – County Inventory Form	1 Page

Items shown with an Asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto.
 These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language.*

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

COUNTY OF SAN FRANCISCO, DISTRICT ATTORNEY'S OFFICE

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

George Gascón, District Attorney

ADDRESS

850 Bryant Street, San Francisco, CA 94103

STATE OF CALIFORNIA

AGENCY NAME

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

JULIE NAUMAN, EXECUTIVE OFFICER

ADDRESS

400 "R" STREET, SUITE 400, SACRAMENTO, CA 95811

*California Department of General
 Services Use Only*

Exempt per: